THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

USPS 867340 Volume 19, Number 4, Summer 1991

Restoring Shattered Lives

Plastic Surgery at MCG

Introduction

Plastic surgery means different things to different people.

For Elisabeth Brown, it meant an end to her dissatisfaction with her figure when liposuction altered her disproportionately large thighs.

For Mary Jane Watkins, it meant being spared the devastating loss of self-esteem that can occur when one loses a breast to cancer. Plastic surgery gave her back her breast.

For George Heath, it meant regaining a thumb that was hanging on by only a thread of skin after an accident.

For Colton Rollins, it meant the assurance of a normal life that nature almost deprived him of when he was born with a cleft lip and palate.

And for Ashley Miller, it meant his life. Crouzan's disease likely would have left him brain-damaged or even dead had plastic surgeons at the Medical College of Georgia not stepped in.

Meet these and other patients in this edition of *Medical College of Georgia Today*. Each of their stories is poignant, whether the stakes are self-esteem or life itself, for each patient carried a heavy burden before surgery. And meet the MCG plastic surgeons who, in many cases, transformed their lives. MCG's Department of Plastic Surgery, headed by Dr. Kenna Given, offers amazingly sophisticated and ever-improving medical techniques. The services available at MCG are second to none.

Also featured are some of the health-care professionals who work closely with the surgeons in providing different but related medical services to the same patients. Dr. Nick Germane, for instance, handles the dental needs of patients whose facial defects or injuries require not only plastic surgery but orthodontia. Robert Stowers directs the microsurgery laboratory that teaches physicians to reattach severed fingers or limbs. Dr. Lawrence Devoe prenatally diagnoses the birth defects that plastic surgeons tend to once the baby arrives.

The plastic surgery team also provides a vital outreach mission, including participation in a craniofacial outreach clinic in Waycross, Ga., which plastic surgeon Steven Smith visits twice a month to provide onsite care.

Whether the case involves aesthetic or reconstructive surgery, plastic surgeons agree that their specialty offers dramatic results and bountiful satisfaction. And their patients' stories speak for themselves. "Everybody knows MCG is a very special hospital," George Heath said, "but I never thought I would be one of the people who could testify to that first-hand." ■

—EDITOR

THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

USPS 867340 Volume 19, Number 4, Summer 1991

Contents

2 / Bouncing Back
Colton Rollins is a happy, vibrant baby who can look forward to a normal life, thanks to the plastic surgeons who are treating his cleft lip and palate.

4 / All Smiles
Dr. Nick Germane's orthodontia work helps ensure that plastic surgery goes hand in hand with attractive, functional teeth.

6 / A New Beginning
The devastating defects that accompany Crouzan's disease might have killed little Ashley Miller and almost certainly would have left him brain-damaged had not plastic surgeons and other specialists at MCG stepped in.

10 / Plan Your Giving
Estate planning.

11 / AlumNews
News from the five alumni associations.

27 / A Delicate Touch
Microsurgery is long, tedious work, but the microsurgery lab at MCG ensures that its dazzling results are readily available.

28 / All Sewn Up
MCG plastic surgeons counted on the meticulous work of microsurgery to salvage George Heath's thumb when an accident left it dangling by a thread of skin.

30 / A Womb With a View
Time is of the essence when plastic-surgery cases involve birth defects, and Dr. Lawrence Devoe's ability to diagnose problems prenatally can mean the difference between life and death.

32 / Healthy and Whole
Breast reconstruction means a breast cancer victim need no longer suffer the further agony of losing a part of her body.

34 / Lifting the Burden
The extra baggage Elisabeth Brown carried in her disproportionately heavy thighs weighed her down both physically and psychologically. Plastic surgery lifted the burden.

36 / Message from the Medical College of Georgia Foundation President

Executive Editor: Dr. James B. Osborne

Director of Marketing and Public Relations: George H. Foster

Editor: Christine Hurley Deriso

Art Director: Brent D. Burch

Photographers: Phil Jones
William Willner

Postmaster

Send address changes to:

Data Update Office
FI–100 Alumni Center
Medical College of Georgia
Augusta, Georgia 30912

The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

Medical College of Georgia Today (USPS) is sponsored by grants from MCG Foundation, Inc. and the MCG School of Medicine Alumni Association. It is produced by the Divisions of Institutional Relations and Health Communications; Medical College of Georgia; Augusta, Georgia 30912. Published quarterly, it is furnished to alumni and friends of MCG without charge. Second-class postage is paid at Augusta, GA.

Bouncing Back

Every time 8-month-old Colton Rollins sees his brother, Michael, he breaks into a big smile—a sight that puts a smile on his parents' faces, too.

Colton was born with a cleft lip and palate, as well as some related defects. A cleft lip is a birth defect in which one or both sides of the lip is separated at birth, a defect that affects about one of every 800 babies. A cleft palate is a defect that can occur separately or in conjunction with a cleft lip, in which the roof of the mouth doesn't close. Colton's upper lip was separated in two places, with a gap that went from his upper lip into his right nostril, and a second one on the left side of his upper lip that didn't extend as far. The roof of his mouth also opened into his nasal cavities.

Although he has had to undergo several surgeries in his short life, he is a playful, active baby, and doing well.

"People have commented on how well we've done, but we just do everything we can to fill his needs," Mike Rollins, his father, said. "He's ours and we love him, and we just do the very best we can for him."

"One thing we've talked about is making sure Colton gets a good start in life and has a good self-concept," Cathy Rollins, his mother, said. "Our prayer is that we can just help him feel good about himself. We know he's got some things to deal with that other children don't have to, and we want to do everything we can to make sure he has a strong foundation for that.

"He's a real fighter. I think he'll be able to handle anything that comes his way in life, because he's come through this so well."

Colton was about 4 and a half months old when Dr. Steven J. Smith, a plastic surgeon at the Medical College of Georgia, closed his bilateral cleft lip. His lip works well now, although the skin above his lip is still a little tight from the repair, and the scar is fading rapidly.

Several months after his lip surgery, Dr. Smith operated again to close the soft palate, the soft tissue at the back of the mouth, and to insert a device in the roof of his mouth, to help the bone grow properly and keep it in the proper position until Colton is old enough for him to close the cleft in another operation, probably when Colton is 5 or 6 years old. During the next surgery, Dr. Smith also will adjust the tip of Colton's nose, which is somewhat flattened from the lip surgery.

Dr. Smith will complete repairing the cleft palate when Colton is about 6 years old by taking a bone graft from his skull and grafting it into the cleft areas of his upper jaw so his permanent teeth can erupt into their correct positions.

"Our goal is to make sure these children look as normal as possible and can speak and function normally by the time they start school," Dr. Smith said. "The unrepaired hard palate and the hard-palate appliance can sometimes affect proper speech development, in which case we would remove it a little sooner, but we can't close the hard palate too early, because scar tissue could form and affect the facial development of the child.

"Cleft palate children also usually need orthodontic treatment, because they often have missing, malformed or extra teeth adjacent to the cleft, and some of them will need some additional jaw surgery during adolescence."

Without prompt treatment, cleft lip and/or palate babies have difficulty nursing, because they can't form suction and liquids may enter the nasal cavities instead of being swallowed, Dr. Smith said. And without surgical correction, the children can't learn to speak properly.

"Even after surgery, as they grow, many of them need some speech therapy, because the cleft and the misaligned teeth can cause tongue placement problems, or the soft palate may not move properly, which can usually be corrected with a surgical procedure," he said.

Colton is treated by a craniofacial team at MCG, made up of experts in plastic surgery, orthodontics, otolaryngology, speech therapy, ophthalmology, genetics, radiology and pediatric neurology, as well as other physicians as the need arises.

"A cleft lip and/or cleft palate is a birth defect that can be isolated or it may be found in conjunction with other problems," Dr. Smith said. "While these defects most commonly occur alone, there is a higher incidence of hearing problems and heart defects in these children, because they're forming during the same time as the lip and palate, between the fifth and ninth week of pregnancy."

Colton also was born with a heart defect, which has been surgically corrected, and he has a tracheostomy, a surgically created opening that allows him to breathe freely until his upper respiratory tract is stronger.

Mike and Cathy seem almost surprised when people compliment them on coping with Colton's problems so well.

"When you have a child who's born with a problem, you're always surprised," Mike said. "But I think after you get over the initial shock, you just do what your child needs—they're counting on you."

No one knows why Colton was born with a cleft lip and palate. Usually there is no known reason, Dr.

Dr. Steven J. Smith confers with Colton's parents, Cathy and Mike Rollins.

Smith said, although in some patients there may be a genetic predisposition, or poor nutrition or certain drugs taken during pregnancy can cause clefts.

"After I had Colton, the doctor told me that he had a cleft lip and palate before I saw him," Cathy said. "But when I saw him, it wasn't a negative shock. We knew that it could be fixed. I think it was almost harder helping the rest of the family cope with it, because they were hurting for us and so worried about Colton.

"For us, it was almost scary seeing him for the first time after surgery, because people kept telling us that he would look so different. We want the best for him, but we had gotten used to him and loved him the way he was, and we didn't want him to look like another baby."

Despite his difficult start in life, Colton is an active baby and is catching up quickly.

"He's got some developmental delays because of the surgeries that kept him on his back and the cleft palate repair that kept him in arm restraints, but he's catching up," Cathy said. "A physical therapist works with him once a week, and he's learning so quickly.

"He can't sit up yet because of the surgeries, but he's a curious baby and has learned to get around—he rolls, and if you take your eyes off him for just a minute, he's all over the place."

Although Colton requires a high level of time and energy, Cathy and Mike believe that having a child with special needs helped them see the importance of time with their children and setting their priorities.

"Time for the outside activities we used to be involved with is hard, but Mike and I have found through all of this that this is what's important. We both make it a priority to spend lots of quality time with both Colton and Michael. The other things can wait; Colton and Michael need us now." ■

—INGRID HEGGOY

All Smiles

Plastic surgery is a little like tossing a stone into water. The stone only hits a portion of the water, but the ripples make its presence felt throughout the pond.

When plastic surgeons fill out a receding chin or correct a cleft lip, the "ripples" extend to the patient's teeth. If the structures surrounding teeth are altered, the teeth will be altered, too. One task of orthodontists is to make sure they're altered for the better.

"Our job is to make sure the teeth all fit together when all is said and done," said Dr. Nick Germane, chairman of orthodontics at MCG who works closely with MCG plastic surgeons to ensure that plastic surgery goes hand in hand with attractive, functional teeth.

Orthodontists and plastic surgeons join forces in cases of congenital defects, such as cleft lips and/or palates; facial deformities such as receding or protruding jaws; and trauma resulting in facial defects.

And although they treat their joint patients separately, they confer with each

Dr. Nick Germane

Dr. Nick Germane, plastic surgeon Renato Saltz temporarily close cleft palate.

other frequently. The orthodontist's work begins before plastic surgery ever takes place. "We want to make sure good function occurs right after surgery," Dr. Germane said. "It's important we see them prior to surgery."

The orthodontists advise the plastic surgeons about how surgery can maximize good tooth growth and function. Then they continue to treat the patients, often for several years, after plastic surgery. Corrective measures such as braces often are necessary. "Orthodontics is not a quick fix," Dr. Germane said. "Tooth movement is a lot slower than surgical movement. We're usually married to our patients for about two years."

Or more, as in the case of patients with cleft lips and/or palates, whom he usually first treats in infancy. "There are two things we're concerned about in these cases: speech and the growth of the face. And obviously, aesthetics is a problem."

The defect, in which one or both sides of the lip and/or the palate is open, creates a communication problem between the nose and mouth because air can come out of the nose during speech, especially if the hard palate is open. "But closing the hard palate too soon can cause a decrease in the growth of the mid-face," Dr. Germane said. "We're always trying to balance off growth and speech."

Therefore, he generally fits infants with an appliance that closes off the hard palate, which allows them to eat and talk normally but doesn't interfere with facial growth. Then, at about age 4, plastic surgeons remove the appliance and surgically close the palate.

Patients with this defect also generally have missing bone around the teeth. Plastic or oral surgeons perform a bone graft to correct this problem when patients are about 8, at which point orthodontists make sure

their teeth align properly. The patients also usually have one or more teeth missing where the bone is missing, in which case orthodontists might close the gap or make room for a bridge. They continue to check their patients' progress through adolescence.

Other patients that orthodontists treat over the course of many years are those with craniofacial defects, in which the cranial base stops growing too early. "For craniofacial patients, we offer lifetime service, to some extent—from infancy to young adulthood, '' Dr. Germane said. "We try to keep their teeth growing as naturally as possible." Their services begin when plastic surgeons physically move the underformed mid-face forward, usually when the patients are infants. Dr. Germane advises plastic surgeons about how surgery can best promote normal jaw development.

He continues to monitor the patients throughout childhood, then deals extensively with them when they reach adolescence and their permanent teeth come in. Most don't have sufficient room for their teeth, and braces are called for.

"You get to know these patients really well because you see them at least every six months from infancy to young adulthood," he said. "That aspect of this dentistry is really great because you get to develop a relationship with the patients. That's the nice thing about orthodontics in general."

Some patients don't require his services until adolescence, such as those with receding jaws. "We usually don't start correcting that until adolescence. We put braces on and may take out teeth to relieve crowding, getting everything set up so the two jaws fit together nicely." Next, he confers with plastic surgeons about their contribution: physically moving the jaw forward.

Sometimes, patients with that sort of problem don't seek treatment until late in adulthood. "I have patients in their 60s who've decided they're raised their kids and now they want to do something for themselves," Dr. Germane said.

But he stressed that all his patients, regardless of age, have something in common. "These are good patients. They're fun to work with. They really want to help themselves. This is very satisfying work." ■

—CHRISTINE HURLEY DERISO

There's just the slightest alteration in one of the tens of thousands of genes that make up Ashley Miller.

But at birth the results of that tiny defect were all too clear.

His midface was caved in, his eyes protuberant, his skull prematurely fused into a solid piece that would not long accommodate the young, dynamic brain growing inside.

Ashley had Crouzon's disease.

His mother was 16 before a doctor told her she had this craniofacial defect.

Her mother has always believed it was the forceps delivery that had altered the look of her child's head.

"For a lot of these craniofacial defects, there is a single gene out of the tens of thousands of genes that is abnormal," said Dr. Kate Byrd, pediatric geneticist at the Medical College of Georgia. "Just one gene that has been changed or mutated is the word geneticists use. But how the gene, the product that the gene makes, that then causes these craniofacial problems is what hasn't been worked out; that we don't really know."

Doctors do know that about a quarter of Crouzon's patients are new mutations.

Such was the luck of the draw of Nancy Lewis.

None of her eight brothers and sisters growing up on the farm had such.

Relatively late in Mrs. Lewis' life, doctors began the complex series of surgeries designed to reshape her head and face.

Complications prevented completion of her reconstruction.

But things should be very different for her son.

Mrs. Lewis never planned to become a mother.

When she learned of her disease she also learned that a child had a 50-50 chance of inheriting this single flawed gene.

But "I had to have him," she said, once she learned she was pregnant.

Soon after his Jan. 15, 1990 birth, Ashley was referred to MCG by Statesboro pediatrician S.M. Reddy.

At MCG, Ashley and his mother met a special lineup organized to meet the many, complex, interwoven needs of children with Crouzon's and other defects that alter the look of the head and face.

Pediatric plastic surgery, pediatric neurosurgery, pediatric anesthesiology, pediatric ophthalmology, pediatric genetics, orthodontics, speech pathology, social work and psychiatry are at the front line of this organized effort for children.

"The face is the most important thing that people have as far as interacting with society," said Dr. Steven J. Smith, pedi-

A New Beginning

Dr. Steven J. Smith with Ashley Miller

atric plastic surgeon and director of MCG's craniofacial program.

"They see, they chew, they breathe, they eat, communicate and interact with people through the face. To me, that is the most interesting and challenging area of the body to work on."

After Dr. Smith finished his training in plastic surgery at MCG, he did a fellowship in craniofacial and pediatric plastic surgery at Primary Children's Medical Center in Salt Lake City, before he came back to MCG as a faculty member in the summer of 1990 with the idea of just such a craniofacial program.

Now children with a variety of genetic and developmental problems that affect the very visible face and head come to the monthly clinic.

They come with hemifacial microsomia, a lack of development of the mandible and soft tissue that results in one side of the face looking small and deficient. Some of these children are missing an ear.

Errors within the first weeks of life in the complex series of cellular migrations that make a human can cause clefts or abnormal openings. That means children also come to the clinic with clefts, not just on the lip and palate, but other visible, disfiguring holes that can run from the lip to the eye or nose to the eye or any number of horrible combinations.

They come with abnormal growth of tissue—tumors, blood vessels and lymphatic tissue—that can threaten blood flow and nerve supplies as well as dramatically disfigure the face and head.

They come, like Ashley Miller, with Crouzon's disease.

And they find people like Dr. Byrd, the pediatric geneticist, who can diagnose the disorder and help the team strategize what needs to be done for any one child.

Some of these craniofacial defects, like one called Goldenhar's syndrome, not only mean head and face abnormalities, but many of these children also have heart defects. They also may have skeletal abnormalities that will become a problem with age.

"If they are diagnosed early on and have whatever necessary surgeries, most of the complications can be prevented," Dr. Byrd said.

She also needs to work closely with families, to help them understand what happened to their child and the chances of it happening to future children.

"What happens is there is one gene out of bunches and bunches that is abnormal, one gene on one chromosome. The

Dr. Brenda C. McClain, anesthesiologist, examines Ashley, accompanied by his aunt Charlene Cannady.

other gene on the other chromosome is normal. Sometimes it happens out of the clear blue," Dr. Byrd said.

"There are many points of fusion, six major ones that are clearly visible and multiple smaller ones at the base of the skull," said Dr. Ann Flannery, pediatric neurosurgeon and another member of the craniofacial team.

"The major ones are at the hairline, down the middle of the skull, two in the back and one in the center of the forehead," she said. The soft spot on a baby's head is the point where four of the major fusion points cross at the top of the head.

Normally these suture points are open to allow for huge growth periods of the head and brain during the first year of life and particularly in the first six months. By age five, children pretty much have their adult-sized heads.

With Crouzon's, one or multiple sutures in the dynamic skull prematurely fuse. Sometimes when a single suture is involved, a single procedure is all that's needed to release that premature fusion.

But Ashley Miller is no simple case.

"Everything pretty much prematurely fused," Dr. Flannery said. "He was the worst case of this we have seen."

She and Dr. Smith teamed up for Ashley's first surgery.

"Our first goal is to preserve life and to preserve normal brain function," Dr. Smith said. "He had evidence of increased intracranial pressure because of the closures and multiple sutures."

Ashley's first surgery was not really an emergency, but the doctors knew from the increased pressure that he would benefit from timely relief.

"We found out now with early surgery that many of these kids end up leading normal lives and have normal mental capacity," Dr. Smith said. "We used to think they had mental retardation. But it was really a lack of treatment. Since their bone couldn't expand, it puts pressure on the expanding brain," Dr. Smith said. "Brain growth is the main impetus for skull growth. If it fuses early and you have pressure on the brain and it's not treated, you get brain damage," Dr. Smith said.

So at age 9 months, Ashley's doctors removed the front half of his skull, advanced his upper eye socket about two centimeters and reshaped his forehead to allow more room for the brain to grow.

"His initial operation was to shape his forehead so that it would look good, to release all the prematurely fused sutures so that his brain could grow—he was incredibly tight—and to move the orbital rims forward so that his eyes would be protected," Dr. Flannery said.

"The front of the eye can be exposed to air and not adequately hydrated with tears," said Dr. John Davis, pediatric ophthalmologist, of patients with Crouzon's. In some cases, the eyelids may literally not be able to shut around these chil-

dren's protuberant eyes.

Lubricants, taping the eyes shut at night and even literally suturing the eyelids partially together can prevent the unprotected eye's surface from breaking down, becoming infected and perforating which can lead to blindness. Fortunately for Ashley, he can close his eyelids over his eyes so corneal damage is not a concern.

In addition, all the premature fusing that goes on in these children's skulls can put pressure on vital nerves such as the optic nerves. "We looked to make sure that Ashley didn't have any damage occurring to the optic nerves as a result of increased pressure," Dr. Davis said. The pressure was OK, but the nerves themselves looked a little small.

While there is no specific treatment for the small optic nerves, Dr. Davis will monitor Ashley's visual development through childhood. "We may find that Ashley needs glasses to achieve the best possible vision. Our goal is to optimize his visual development in every way possible," Dr. Davis said.

Misalignment of the eyes also is very common in Crouzon's and Ashley's eyes are outwardly deviated. "In a young child, if the eyes aren't straight, the brain will suppress the vision in one of the eyes," Dr. Davis said.

That's good on the short-term because it eliminates double vision. But long-term it can cause potentially permanent vision loss in one eye, what's called amblyopia or lazy eye. If amblyopia is detected and treated early in life, the vision loss can be reversed.

The two-step treatment is to patch the stronger eye, in Ashley's case the left eye. That forces the brain—which wants to see—to strengthen the vision in his weaker right eye.

"The goal is to have good, equal vision in both eyes and to have the eyes as straight as possible while avoiding some of the more serious problems such as ocular exposure and damage to the optic nerves," the pediatric ophthalmologist said.

All this patching sets the stage for part two, surgery to permanently straighten Ashley's eyes by weakening the muscles that pull the eyes out.

The idea then is that the brain will get used to using both eyes together again so the eyes will remain straight.

"The goal here is that 10 years down the road he is going to be able to go to normal school, he is not going to have any ocular limitations."

Meanwhile, the surgeons are keeping their eyes on the middle of Ashley's face. "It hasn't grown," Dr. Flannery said. "His jaw will continue to grow, but the middle of his face will be all out of whack; the middle of the face will stay stationary. His eyes will stick out too far. His jaw will stick out too far."

"He will need a midface advancement to advance the bony structure of the midface to a more normal alignment," Dr. Smith agreed. At this point, the surgeons have only moved the forehead and upper orbits foreward.

And "he will probably need another skull remodeling because the posterior aspect of his skull is still abnormal," Dr. Smith said.

As a teen-ager, Ashley will need an advancement of the upper jaw to line up his teeth perfectly. He will need braces as well.

"You see a real deficient upper face," Dr. Nicholas Germane, chairman of the Department of Orthodontics at MCG and another member of the craniofacial team, said of Crouzon's disease.

"It looks like the lower jaw is bigger but it isn't. It's actually normal.

"Our job in the early stages is to make sure that everything is developing normally in terms of teeth," he said. Sometimes, the orthodontist also gets involved by helping to stimulate growth of the upper jaw with a series of bands that pull on the upper jaw to move it forward.

"We see all the children, even the infants," Dr. Germane said. When the bottom line is a well-aligned jaw and well-matched teeth, the orthodontist says there is no choice but to see children early and regularly.

Pediatric anesthesiologist Brenda McClain agrees that the best time for her to get involved with craniofacial patients and their families is early on.

"It's good to know the families as well as to know the child because there may be some associated problems," she said.

Many of these intricate surgical cases must be performed with a patient in a prone position, with his chest up off the bed, much like a seal with a ball on its nose.

This position gives Drs. Smith and Flannery room to do their job, but it also puts young patients at risk for air emboli in the heart that can block the vital flow of blood to the lungs or to the brain. Special carbon dioxide and nitrogen monitors and dopplers used by Dr. McClain can rapidly detect changes that would indicate emboli.

Unusually shaped patient heads and jaws can cause problems for the pediatric anesthesiologist who must establish and maintain an airway for the child.

These big surgeries can mean big blood and fluid loss for children. "The fact that they lose a lot of fluid because the scalp and skull are very vascular means that often times we replace more than one total blood volume of the child." These huge replacement efforts also put the child at risk for low calcium levels which can lower blood pressure and for high glucose levels which can draw water out of the body.

Also as the child becomes anesthetized, he loses his ability to conserve heat. So Dr. McClain must aggressively manage the child to ensure that the body stays warm so the heart continues to function well and the drugs she gives are used by the body as they are supposed to be.

"It's one of the more difficult things we do. It's a dynamic situation at all times. There is no ebb and flow of activity until we are ready to put the skull back on," Dr. McClain said of these big craniofacial cases.

"I know that it takes a lot of patience and diligence to be able to do this case well. I'm willing, not to experiment, but to be innovative in the management. (Because) these are children who, if they do not have the repair done, will have brain damage with time."

"If we know a specific syndrome, we know the natural history of the disease, we can usually predict the basic steps in the treatment and we try and give an overall plan all the way through the teenage years to adulthood," Dr. Smith said.

"Many of them have several different stages and so for the family to anticipate treatment, it helps to know what those milestones in treatment are. It's good for them to have an overall picture of where we are going and the final outcome that we are expecting.

"In some cases we expect normal or near normal outcomes. In other cases, we only hope for improvement."

Dr. Smith and other team members use as a measure of their work whether a passer-by on the street does a double take.

Despite Ashley's severe case, the team is confident this rambunctious toddler will pass that test.

"We want the best for Ashley," Mrs. Lewis said of the road ahead. "I am very proud of what they have done for him." ■

—TONI BAKER

MEDICAL COLLEGE

Plan Your Giving

Estate Planning: The First Step

If you have possessions, you have an estate. Their orderly care during your lifetime represents financial management. Their disposition when you die is called estate settlement. Deciding in advance how these dispositions will be handled is known as estate planning. It's that simple.

And yet, for many reasons, the actual planning is far from simple. People fear death, so they put off making plans. But this doesn't diminish the critical importance of estate planning. Therefore, I'll discuss why you—why anyone—should be familiar with the steps involved in putting together a good estate plan.

Who Needs It?

There's a general feeling that estate planning is only for the very rich. However, another school of thought suggests that the more modest one's estate, the greater the need to arrange for its careful handling and disposition.

There's also a tendency to overlook the extent of what one owns. When the matter of resources comes up, there's an inclination to focus on stocks and bonds and money in the bank. Today, however, a person's worldly possessions include other assets such as home equity, personal and group life insurance, deferred employee benefits, the value of a business and real estate investments.

Some people mistakenly assume that joint ownership will take care of matters. Or they think that a state law will see that those to whom they desire to leave their estate will receive it, and in the proper proportions. These are dangerous and shortsighted solutions, and they can prove to be very costly.

Setting Estate-Planning Goals

Let's take a moment to raise some questions about your objectives. I'll start out with a basic assumption: you want to keep taxes and administration costs to a minimum. Beyond that, what is important to you?

Well, let's not overlook number one: you. Good estate planning involves a generous measure of financial management during one's own lifetime. As we grow older and our assets increase, we sometimes seek ways to lighten our own responsibilities. But we also want to assure that if ill health or disability occurs, our investments will be prudently managed and our financial obligation will be met.

Perhaps you are married. If so, should you or your spouse decide how your assets will be administered for the maximum advantage of the survivor? With you "out of the picture," your spouse might face new and heavy burdens. If you have children (or grandchildren), what are their needs? Are there other relatives for whom you should plan? What about any business enterprise in which you have an interest? What will happen to it? And do not overlook charitable organizations that could use help from your estate.

The Tools of Estate Planning

When you build a house, you need drawings that are architecturally sound, used together with a hammer, saw and dozens of other tools. Similarly, a good estate plan uses tools that ensure the job is done right. The tools of estate planning are written documents that precisely indicate your intentions and then provide the powers to accomplish them. These instruments are as follows:

- *The will.* This document remains the basic element in the average estate plan. The will ensures that nothing is overlooked. Every will, by using a phrase like "all the rest, residue and remainder of my estate..." guarantees that any assets not otherwise disposed of pass to those intended to receive them.
- *Trust.* These investments provide a unique arrangement to manage assets to benefit either oneself or others. Trust provisions may be contained in a will or in a separate agreement.
- *Life insurance policies.* These investments provide for the payment of their face amount on the death of the insured to the beneficiary named. This beneficiary may be an individual, the insured's estate, a trustee under a will or trust agreement or a charitable institution.
- *Buy-sell agreement.* If the owner of a closely held corporate or partnership business interest wishes to arrange for its sale to co-owners or others upon death, the person can enter into an agreement with them setting forth the terms of sale and method of payment.
- *Deferred employee benefits.* A pension profit-sharing, group insurance or stock option plan will have written provisions for the disposition of the benefits upon the disability, retirement or death of the employee.

How to Begin

The first step of every estate plan is preparing an inventory of personal data, including the current value of all assets, the type of ownership, liabilities and names and addresses of intended estate beneficiaries.

This also is the time to indicate those charitable institutions that are to receive a bequest in your will. This gift may be expressed as a percentage of your estate rather than a specific dollar amount, a provision which can protect your beneficiaries against the possible reduction in the size of your estate.

In estate planning, the worst sin of all is procrastination. Without a plan, your loved ones are forced to pick up the pieces of a confused financial puzzle when illness or an accident strikes. The toll in added grief and expense is immeasurable. So I invite you and your advisers to take the first step now by phoning me for additional information or an appointment. My toll-free number is 1-800-869-1113. ■

—BRUCE HOWERTON
DIRECTOR OF PLANNED GIVING

Note: This message is not intended as legal advice. For this, see your attorney.

AlumNews

Alumni Happenings

Editor's note

This column is compiled by Shirley Taylor, director of alumni activities, and Tammy Berry, alumni activities coordinator. It features news about alumni association activities and will be featured regularly in AlumNews.

More than 400 MCG alumni took a sentimental journey back to MCG May 2–5. Alumni from all five schools participated in activities, including May 3's homecoming golf tournament. The team of Dr. Talmadge Bowden, Dr. Curtis Hayslip, Bruce Howerton and Dr. Van Cise Knowles won first place.

School of Medicine

School of Medicine homecoming activities began with the Dean's Reception May 3, during which a portrait of Dr. and Mrs. Goodrich Henry was unveiled. Following in the ballroom of the Old Medical College was the School of Medicine Alumni Association Banquet, which featured the presentation of the Distinguished Alumnus Award to Dr. John H. Robinson III of Americus, Ga. Also, John C. Hagler III was named an honorary member of the association.

On May 4, the association's Board of Directors Meeting and luncheon for association and MCG Foundation board members was held at the Old Medical College. Later that evening, class reunions were held for the classes of '41, '46, '51, '56, '61, '66, '71, '76, '81 and '86. A luncheon for the Emeritus Club was held May 5 and members of the class of '51 were inducted. The club is open to alumni, residents and interns who graduated 40 or more years ago from MCG. Retired faculty who are members of the alumni association also are eligible.

Dr. John W. Simmons ('68) was a special guest at an MCG alumni reception held during the South Carolina Medical Association's annual meeting April 25 in Charleston, S.C. Dr. Simmons is outgoing president of the association.

The School of Medicine Alumni Association will host a cocktail reception and regional dinner Nov. 17 in conjunction

continued on page 12

Dr. Francis Tedesco unveils portrait of Dr. Goodrich Henry (School of Medicine Class of '28.) Looking on: Mrs. Goodrich Henry, Dr. Ollie McGahee.

Distinguished Alumni Honored

Five Medical College of Georgia alumni were honored during homecoming activities May 2–5.

The School of Allied Health Sciences Alumni Association honored Carol P. Healey, a 1981 dental hygiene graduate, as the school's 1991 distinguished alumna. Ms. Healey is consultant and owner of Alpharetta, Ga.-based PRN Consulting Inc., which provides limited and comprehensive management services to dentists, clients and staff.

Ms. Healey has lectured about management at numerous dental and dental-hygiene meetings, including the Thomas Hinman Dental meeting, a regional meeting held annually in Atlanta. She has published articles in several dental publications and scripted, designed and co-presented a 45-minute videotape entitled *Successful Hiring Guidelines.*

Dr. Patricia H. Palmer, an Augusta dentist, was awarded the distinguished alumnus award from the School of Dentistry Alumni Association. Dr. Palmer, a 1975 graduate of the school, is an associate with West Augusta Dental Associates and a part-time instructor of restorative dentistry at the MCG School of Dentistry.

In 1989, Dr. Palmer was elected the first woman president of the Augusta Dental Society, a

continued on page 12

Alumni... *continued from page 1*

with this year's joint meeting of the Medical Association of Georgia and the Southern Medical Association in Atlanta. Watch for more complete details in the upcoming issue of *AlumNews*. Meetings for the association's board of directors will be held Sept. 8 in Athens, Nov. 17 in Atlanta, Feb. 20 in Macon and May 2 in Augusta. The complete 1991–92 activities schedule will be published soon. Annual dues for the association are $25 for physicians in post-graduate training. Lifetime membership is $1,000. Contact Tammy Berry, 1–800–869–1113, if you'd like to become a member.

School of Nursing

Dr. Vickie Lambert, dean of the MCG School of Nursing, discussed *MCG Nursing: The New Decade* during nursing homecoming activities. Dr. Lambert reminded the alumni that the School of Nursing will celebrate its 50th anniversary beginning fall 1991. Many activities will be planned for the yearlong celebration. Homecoming 1992 will be a very special celebration. Make plans now to attend.

School of Dentistry

Members of the School of Dentistry's classes of '76, '81 and '86 enjoyed a leisurely cruise down the Savannah River for their class reunions. The Saturday of homecoming, Dr. Charles Blair of Blair/McGill & Co. presented a continuing-education course titled *Business Aspects of Dentistry: Controlling Office Overheard.*

The School of Dentistry Alumni Association sponsored its first Student Specialty Seminar May 15 in the Alumni Center. More than 75 students participated. Drs. Andrew Allgood, Alison Rufo and Bobbie Utermark held a panel discussion on *Setting Up Your Practice.* All alumni are encouraged to participate in these seminars and are invited to attend and interact with our students (potential alumni association members.)

Allied Health Sciences

Allied health sciences kept its alumni busy this year offering continuing-education programs to alumni of medical technology, associated dental sciences and physical therapy. An alumni association brunch and annual meeting were held May 4 during homecoming.

The school's alumni association sponsored a graduation reception at St. Johns's Towers June 8.

Graduate Studies

Dr. Dave Welter once again successfully turned the Alumni Center into fish-fry mania for School of Graduate Studies students and alumni during homecoming. Thanks again, Dave, for sacrificing all those "fishing trips" for the alumni.

Dr. Richard Parker, the school's distinguished alumnus, was the homecoming guest lecturer.

All schools

Dues statements for each school will be mailed in July. When yours arrives, please make this a serious consideration. Each of our alumni associations are important to MCG. Without your support, student programs and alumni events would not be possible. Following are the 1991 alumni statistics showing a membership percentage increase/decrease compared to 1990:*

—*School of Allied Health Sciences*
373 members, +42 percent
—*School of Dentistry*
376 members, +14 percent
—*School of Graduate Studies*
149 members, +25 percent
—*School of Medicine*
1,814 members, +4 percent
—*School of Nursing*
313 members, -3 percent

Those figures look pretty impressive until we look at the total number of alumni in each school compared to the membership in the associations:*

—*School of Allied Health Sciences*
2,564 alumni, 14 percent
—*School of Dentistry*
820 alumni, 46 percent
—*School of Graduate Studies*
924 alumni, 16 percent
—*School of Medicine*
not available
—*School of Nursing*
3,334 alumni, 9 percent

Your small investment can make a huge impact on the programs planned for next year. ■

**Based on April 1991 figures.*

Dr. Francis Tedesco with distinguished alumni Dr. John Robinson III (from left), Rosa Messer, Carol Healy, Dr. C. Richard Parker (Not pictured: Patricia Palmer)

Distinguished... *cont. from page 1*

dental study group with more than 100 members. She also has been the Legislative Committee chairwoman for the Eastern District Dental Society of the Georgia Dental Association and chairwoman of the Convocation Committee for the Augusta chapter of Omicron Kappa Upsilon.

The School of Graduate Studies Alumni Association honored Dr. Charles Richard Parker Jr., a senior scientist at the University of Alabama at Birmingham Comprehensive Cancer Center, as the school's distinguished alumnus. Dr. Parker earned a Ph.D. in endocrinology from MCG in 1975 and was a postdoctoral fellow at Southwestern Medical School's Cecil H. and Ida Green Center for Reproductive Biology Sciences in Dallas.

He was on faculty at the center until joining the University of Alabama at Birmingham in 1986. He was chairman of the National Institutes of Health's Reproductive Endocrinology Study Section from 1988 to 1990 and is member of the Society for the Study of Reproduction, the American Association for the Advancement of Science and Sigma Xi.

Dr. John H. (Bud) Robinson III has been named distinguished alumnus by the School of

Medicine Alumni Association. Dr. Robinson earned a medical degree from MCG in 1938 and began a private practice in Americus, Ga., after serving in World War II following medical school.

Among the now-retired physician's patients were former President Jimmy Carter and his family. Dr. Robinson was chief of surgery at the Americus and Sumter Country Hospital during his practice and directed the Americus Tumor Clinic, one of the first state-assisted tumor clinics in Georgia. He is a fellow in the American College of Surgeons, the Southeastern Surgical Association and the International College of Surgeons.

Rosa Messer, president of Augusta's Brandon Wilde retirement community and the Resource Center on Aging, was named this year's recipient of the School of Nursing Phoebe Kandel Rohrer Founders Award. Ms. Messer earned a master's degree from the School of Nursing in 1974 and was on the MCG faculty from 1974 to 1978.

She worked for University Hospital's wellness center, Health Central, from 1978 to 1982 and has held her current positions since 1984. As president of Brandon Wilde, Ms. Messer supervises 80 full-time and part-time employees and all operations on the 36-acre campus. She also speaks extensively on the subject of aging. ■

Classes to Coincide with UGA Games

The Medical College of Georgia Division of Continuing Education and the University of Georgia School of Pharmacy will sponsor a series of continuing-education classes to coincide with UGA football games in the fall.

The program will offer two-and-a-half-hour courses in Athens, Ga., the morning before each of UGA's six home football games, according to Dr. Donald G. Murphy, extension services coordinator at MCG. Courses will be available for pharmacists, physicians and dentists. The cost is $25 per course, and each will provide continuing-education credits. Attendance also allows an 80 percent business deduction of travel and lodging expenses.

The courses will be held in the UGA School of Pharmacy building and will be followed by complimentary tailgate picnics on the porch of the building. Participants may park in the building's parking lot.

The 1991 schedule is:

—Aug. 31 *(UGA vs. Western Carolina)*
—Sept. 7 *(UGA vs. Louisiana State University)*
—Sept. 28 *(UGA vs. California State at Fullerton)*
—Oct. 5 *(UGA vs. Clemson)*
—Oct. 26 *(UGA vs. Kentucky)*
—Nov. 16 *(UGA vs. Auburn)*

The Sept. 28 program, "AIDS Information for the Health Professional," will be a joint session for pharmacists, physicians, dentists and nurses. To register, or for more information, call (404) 721–3967 or (800) 733–1828, ext. 3967. Participants also may register at the door. ■

Lost Alumni

For several years, we have been unable to locate the following alumni. If you know the whereabouts of any of these graduates, please contact the Medical College of Georgia Alumni Affairs Office at 1–800–869 –1113.

School of Allied Health Sciences
Cheryl L. Askey, B.S.P.T.
Diane Beard, R.T.
Jane H. Bell, O.T.
Sandra M. Binger, D.H.
Melissa W. Brown, P.A.
Charles F. Dargin, A.S.
Melanie D. Enterrin, P.A.
Deborah S. Fee, D.H.
Teresa M. Foote, B.S.D.H.
Patricia Giger, B.S.M.R.A.
Pamela L. Gordon, R.T.H.
Regina F. Hall, O.T.
Melissa A. Hare, B.S.R.T.
Emad S. Helmy, M.S.
Cathy M. Hurn, D.H.
Sara A. Ivey, D.H.A.S.
Nellina O. Jenkins, A.S.P.T.A.
Virginia C. Kilmer, A.S.D.L.T.
Nancy J. Kravchenko, D.H.
Jeannett Leverett, D.H.
Nancy R. Marshburn, M.S.M.I.
Charles R. Matson, R.T.H.
Ida M. McCalla, P.T.
Fayette S. McDonald, D.H.A.S.
Sesthers L. Melendez, B.S.P.A.
Marilyn V. Michael, D.H.
Cynthia L. Miller, B.S.O.T.
Janet L. Miller, B.S.M.T.
Joe K. Phillips, A.S.R.T.T.
Donald E. Pirkle, O.T.
Penny Pratt, M.H.E.
Andrea E. Quick, A.S.D.H.
Judy E. Reece, B.S.N.
Cynthia M. Robinson, P.T.
Troy L. Stone, D.H.
Donna Sutton, D.H.
Kathy B. Taylor, D.H.
Becky Sims Tenneson, D.H.
Vanderlyn F. Tharin, A.S.R.T.
Teresa K. Thompson, B.S.P.A.
Barbara C. West, B.S.P.A.
Yolanda D. Zimmerman, O.T.

School of Dentistry
Tony A. Chester, D.M.D.
David W. Croxton, D.M.D.
Timothy F. Hamilton, D.M.D.
Thomas R. Parham, D.M.D.
Salvadore T. Pestritto, D.D.S.
Jeanie M. Robinson, D.M.D.
Lee H. Silverstein, D.D.S.
David A. Vickers, D.M.D.

School of Graduate Studies
Ray B. Lanier, Ph.D.
Jaime F. Recasens, Ph.D.

School of Medicine
Michael B. Andrews, M.D.
John B. Black, M.D.
F.A. Bowers, M.D.
Mercer T. Bridges, M.D.
Dan Callaham, M.D.
Randolph A. DeCarlo, M.D.
Don Destephano, M.D.
John M. Dysart, M.D.
Michael A. Fain, M.D.
Clarence Flanigan Jr., M.D.
David B. Fox, M.D.
Raymond E. Gangarosa, M.D.
Frank B. Graham III, M.D.
Deborah I. Hansard, M.D.
Nancy D. Harmer, M.D.
Jeffery I. Johnson, M.D.
Walter E. Johnson Jr., M.D.
William E. Josey, M.D.
Matthew D. Kane, M.D.
Paul J. Laveau, M.D.
Jeanne C. Marrow, M.D.
Michael J. McCoy, M.D.
Gary L. McDonald, M.D.
Phillip L. McGhee, M.D.
David W. Mobley, M.D.
Willis E. Moody, M.D.
Lenox K. Morris, M.D.
Thomas M. Mundy, M.D.
Stuart W. Murray, M.D.
Donald R. Nelson, M.D.
J. Benson O'Connor, M.D.
Jeffrey S. Plagenhoef, M.D.
James M. Reynolds, M.D.
David B. Rigby, M.D.
Maureen A. Ryan, M.D.
Qin C. Ryan, Ph.D., M.D.
Meyer P. Schwartz, M.D.
Benjamin V. Siegel Jr., M.D.
Allen L. Sloan, M.D.
Michael V. Smith, M.D.
J. Thomas, Sosby, M.D.
Susan M. Butler-Sumner, M.D.
Gregory J. Thesing, M.D.
Gary E. Voccio, M.D.
James P. Whitley, M.D.
David A. Williams, M.D.
Marla H. Wohlman, M.D.
Michael J. Wood, M.D.

School of Nursing
Karen L. Bartlett, B.S.N.
Debra L. Bishop, B.S.N.
Connie J. Bledsoe, B.S.N.
Jeffrey P. Butterworth, B.S.N.
Patricia B. Butterworth, B.S.N.
Mary L. Callaway, B.S.N.
Victoria B. Childers, B.S.N.
Cynthia D. Cooper, B.S.N.
Joy L. Fender, B.S.N.
Marjorie J. Ferrell, B.S.N.
Sybil M. Fletcher, B.S.N.
Carlie B. Godwin, B.S.N.
Luanne B. Greene, B.S.N.
Mary F. Hamlin, B.S.N.
Keith M. Hendrix, B.S.N.
Amy S. Hoertz, B.S.N.
Sheila A. Holmes, B.S.N.
Hui Lin M. Hu, M.S.N.
Judith A. Inabinet, B.S.N.
Nancy P. Inglett, B.S.N.

continued on page 26

Dr. Stenstrom Retires

Dr William J. Stenstrom, chairman of the Department of Medical Illustration and professor in the School of Graduate Studies, was honored upon his retirement during MCG's May 23 faculty assembly.

Dr. Stenstrom earned a certificate in medical illustration from the Massachusetts General Hospital School of Medical Illustration and a doctorate in education from the University of Georgia.

He joined the MCG faculty in 1975 and was name chairman in 1986. He has been director of the medical illustration graduate program in the schools of allied health sciences and graduate studies since 1975. He is a member of the Kappa Delta Pi Honor Society in Education, a fellow of the Association of Medical Illustrators and a fellow of the Biological Photographic Association. ■

Ms. Lavin Named Outstanding Faculty

The School of Allied Health Sciences honored Nancy L. Lavin, associate professor in the Department of Radiologic Technologies, as its outstanding faculty member during MCG's May 23 faculty assembly.

Ms. Lavin earned a master's degree in education from Augusta College and is certified by the American Registry of Radiologic Technologists. She joined the MCG faculty in 1975.

Ms. Lavin is program director of MCG's associate radiography and baccalaureate radiography programs and has held several offices, including president, of the Augusta and Georgia societies of radiologic technologists. She is a member of the Alpha Eta Society, the allied health honor society. ■

Medical Technology distinguished alumna Cheryl Lowry

Distinguished alumni John Robinson (from left), Carol Healey, Rosa Messer

Medical Technology workshop during homecoming

Ms. Lowry Named Department's Distinguished Alumnus

David Waller

Cheryl D. Lowry has been named outstanding alumnus for the School of Allied Health Sciences Department of Medical Technology at the Medical College of Georgia.

Ms. Lowry, a 1981 MCG graduate, was honored during a May 3 homecoming ceremony. She has worked for a number of Atlanta-area health-care facilities. She has also served as chief executive officer of Professional Laboratory Support Services, a temporary staffing agency for laboratories.

Ms. Lowry currently is assistant director for Around the Clock Allied Medical Services, a temporary placement service for allied health professionals in Smyrna, Ga.

Ms. Lowry is a member of the American Society for Medical Technology, the Georgia Society of Medical Technology, the American Society of Clinical Pathologists and Mt. Paran Church of God.

She is the second recipient of the Outstanding Alumni Award for the Department of Medical Technology.

Ms. Lowry is a resident of Smyrna, Ga. ■

Medical Illustration Students Awarded Internships

Gene Fulcher

Three senior Medical College of Georgia graduate students have been awarded top positions in the Association of Medical Illustrators' annual summer internship competition.

Medical illustration students Steve Oh of Atlanta; Myriam Kirkman of Los Altos, Calif.; and Ellen Palm of Staten Island, N.Y., were awarded the top three positions. Also, senior graduate student Kirah Van Sickle placed in the top 10.

MCG and five other schools—Colorado State University, the University of Illinois at Chicago, Johns Hopkins School of Medicine, the University of Michigan Medical Center and the University of Texas Southwestern Medical Center at Dallas—submitted student portfolios for the 1991 summer competition.

All the schools that participated are accredited by the Association of Medical Administrators and the Association of Medical Illustrators. ■

Dr. McKinney Retiring after 20 Years

Ingrid Heggoy

Dr. Ralph McKinney knew he wanted to be a teacher even when he was in dental school. And as he retires this July, after 20 years at the Medical College of Georgia School of Dentistry and 37 years in education, he knows he has done his job well.

As professor and chairman of the Department of Oral Pathology, Dr. McKinney has helped every MCG dental student since 1970 understand this sometimes difficult subject.

"The important thing is that our number-one constituency is our students," he said.

This belief led him to establish the department's open-door policy. Students are encouraged to make appointments with their pathology professors or to call them at home when they have questions.

"Pathology is different than other subjects," he said. "It's not well defined, because disease is not well defined. We try to bring the aspects of disease together and let the students put it in their own words."

Dr. McKinney, who earned a doctorate of dental science from Ohio State University and a Ph.D. in pathology from the University of Rochester in New York, came to MCG at the invitation of the school's founding dean, Dr. Judson C. Hickey, who taught Dr. McKinney when he was a dental student. He had just completed a fellowship in pathology at the University of Rochester.

He began as an associate professor of oral pathology and oral biology in the schools of dentistry and graduate studies. He was named chairman of the Department of Oral Pathology in 1979. He has maintained an active research program in wound-healing and dental implants, and since 1980 has served as the charter secretary of the board of directors of the MCG Research Institute.

He also has remained an active member of the medical and dental staff at the MCG Hospital and Clinics, and is a member of the Oral Pathology Diagnostic and Consultative Service offered by the School of Dentistry. He wrote a book, *Endosteal Dental Implants*, published in February.

He has been a consultant for the Department of Veterans Affairs Medical Center, the Dental Activities Command and Dwight David Eisenhower Army Medical Center at Fort Gordon and Scripp's Clinic and Research Foundation in LaJolla, Ca.

But while he has enjoyed the clinical aspects of his career, Dr. McKinney has no doubts he made the right decision when he entered education.

"I enjoy education because of the diversification," he said. "No two days are ever the same; they each hold different challenges. There's the opportunity to share knowledge with the next generation of the profession and the opportunity to grow in terms of scholarly activities." ■

Dr. Ralph McKinney

Dr. Caughman Named Outstanding Faculty

The Medical College of Georgia School of Dentistry honored Dr. W. Franklin Caughman, associate professor in the Department of Restorative Dentistry, with its outstanding-faculty award during MCG's May 23 faculty assembly.

Dr. Caughman earned a doctorate of dental medicine from the Medical University of South Carolina and joined the MCG faculty as assistant director of general practice residency and assistant professor of restorative dentistry in 1985. He was named associate professor in 1978.

He is vice chairman of admission and student recruitment at MCG and chaired the search committee in 1990 for a chairman of endodontics. He is a member of the American Dental Association, the American Association of Dental Schools and the International Association of Dental Research. ■

Two Faculty Retire

Two Medical College of Georgia School of Dentistry faculty members were honored upon their retirement at MCG's May 23 faculty assembly.

Retiring as vice president of academic affairs and professor of orthodontics is Dr. Thomas J. Zwemer. Dr. Zwemer earned a doctorate of dental sciences from the University of Illinois and joined the MCG School of Dentistry as a founding faculty member in 1966.

He was a professor of orthodontics and associate dean for academic affairs in the school until he was named vice president for academic affairs in 1984. Dr. Zwemer is a member of Sigma Xi, the American Dental Association and the International Association for Dental Research and is a fellow of the American College of Dentists and the International College of Dentists. He has served as editor of several dental and orthodontic journals.

Also honored was Dr. Ralph V. McKinney Jr., chairman of the Department of Oral Pathology. Dr. McKinney graduated cum laude from the Ohio State University College of Dentistry and earned a Ph.D. in pathology from the University of Rochester School of Medicine and Dentistry.

He joined the MCG faculty in 1970 and was named chairman of oral pathology in 1979. Dr. McKinney was named outstanding faculty member by the MCG School of Dentistry in 1986 and won the 1987 Isaiah Lew Research Award for Distinguished Research in the Field of Dental and Oral Implantology. He is a member of the U.S. and Canadian Academy of Pathology, the American Academy of Oral Pathology, the International Association for Dental Research and the American Dental Association. He authored a book titled *Endosteal Dental Implants in 1991.* ■

Dentistry alumni association president Dr. Joseph Griffin, distinguished alumna Dr. Patricia Palmer during homecoming.

Homecoming golf tournament

Alumnus Awarded International Fellowship

Dr. Manasses Claudino Fonteles, an alumnus of the Medical College of Georgia School of Graduate Studies, has been awarded a 1991 International Medical Scholars Program fellowship.

The program, sponsored by the American College of Physicians, awards five fellowships annually.

His letter of acceptance stated, "As you know, the competition for awards from the International Medical Scholars Program was very keen, and funding resources are limited. That you were selected for an award from among a large group of outstanding scholars is a testimony to the quality of your application and your exemplary credentials."

The competition first narrowed down applicants to the top 50, then the top 20, then the top five. Dr. Fonteles was listed as the most outstanding applicant.

Dr. Fonteles, chairman of the Department of Physiology and Pharmacology at the Federal University of Ceara in Brazil, earned a medical degree from the Medical College of the Federal University of Ceara in 1967 and a Ph.D. in pharmacology from the Medical College of Georgia in 1974.

The Brazil native joined the faculty of the Federal University of Ceara in 1964 and has been there ever since except when earning his Ph.D. at MCG. Dr. Fonteles has lectured and published extensively about pharmacology, particularly regarding the kidneys and renal function. He was a 1985 recipient of the Prisco Bezerra award, offered to the three finest researchers at the Federal University of Ceara.

He is a member of the Sigma Xi society and is a senior investigator for the Brazilian National Research Council. ■

Dr. Lowell Greenbaum shakes hand of distinguished alumnus Richard Parker

Dr. Sohal Named Outstanding Faculty

The Medical College of Georgia School of Graduate Studies honored Dr. Gurkirpal S. Sohal, professor in the Department of Anatomy, with its outstanding-faculty award during MCG's May 23 faculty assembly.

Dr. Sohal, who earned a Ph.D. in anatomy from the Louisiana State University Medical Center, joined the MCG faculty in 1975 as assistant professor of anatomy. He was named associate professor in 1977 and professor in 1983.

Dr. Sohal is a member of the Society for Developmental, the American Association of Anatomists and the International Society for Development Neuroscience. At MCG, Dr. Sohal has taught medical histology, neuroscience, embyrology and neurochemistry. He developed and taught developmental neuroscience, a graduate course, and coordinated weekly departmental seminars. He was named best lecturer by the freshman medical student class of 1980 for teaching histology and won the Excellence in Teaching Award by the freshman medical student classes of 1985 and 1990 for teaching neuroscience. ■

Research Symposium Draws 200

Christine Hurley Deriso

More than 200 scientists from throughout Georgia and beyond gathered in Augusta May 17-18 to share the fruits of their research during the first annual University System of Georgia Research Symposium.

The symposium was sponsored by the University System of Georgia's Chancellor's Research Advisory Committee to provide a forum for research interaction and to enhance the public view of research. The theme of this year's symposium, which was held at the Old Medical College, was *Biomedical Research Brings a Better Quality of Life.*

Dr. Lowell M. Greenbaum, vice president for research at MCG who conceived the concept of the symposium, said the large turnout and positive feedback about the symposium bodes well for its future. And such meetings of minds are crucial to the success and reputation of university-system research, he said.

"Too often, we are considered by opinion-makers as a parochial group in the South with no national impact," Dr. Greenbaum said. "It is vitally important to change this perception."

The symposium's guest

speaker was Dr. Stanley Cohen, distinguished professor of biochemistry at Vanderbilt University and a Nobel Prize winner for his work on epidermal growth factor. Dr. Cohen's discovery of epidermal growth factor, a protein that stimulates the growth of skin cells, has led to skin grafts for burn patients as well as better treatment for diabetes and some forms of cancer.

His discovery 30 years ago was purely accidental, Dr. Cohen said. When he injected the ground-up salivary glands of male mice into newborn mice, he had no idea the experiment would result in an acceleration of skin growth, a discovery that has since saved and enhanced countless lives. Many such scientific breakthroughs have been accidental discoveries, he said, and he urged the audience to support an environment that will allow such progress to continue.

"If you don't know something exists, you don't now to go and find it," Dr. Cohen said. "There are so many things that remain to be found. The only way to find them is to let people use their creative imaginations."

Other guest researchers included Dr. Jerry J. Buccafusco, professor of pharmacology and toxicology at MCG, who discussed his studies of Alzheimer's disease; Dr. James H. Oliver of Georgia Southern University who discussed efforts to track, control and treat Lyme disease; and Dr. Wyatt Anderson of the University of Georgia, who discussed the 25-year-old DNA revolution, which has led to such breakthroughs as determining paternity and providing criminal evidence via DNA fingerprinting.

Dr. Francis J. Tedesco, president of MCG, said the school is breaking new ground in ensuring that results of research filter down to every segment of society. MCG, for instance, is developing a program called telemedicine to allow MCG's health-care specialists to examine patients at medically underserved areas via two-way television.

"We think telemedicine not only will facilitate health care but is a clear example of how basic research being translated in a clinical way makes a big difference to a social problem," he said. "Research really can be extrapolated rather quickly and have a major impact on society."

Representatives from the Proctor and Gamble Company, the Centers for Disease Control and the American Cancer Society also discussed the impact of research on society.

Dr. David Spence, executive vice chancellor of the university system, delivered an address at the symposium banquet.

The symposium continued May 18 with 115 oral and poster presentations covering a wide range of subjects by university-system students and faculty. ■

Graduate Studies fish fry

Homecoming sophomore parade

Dr. Hardin Named Medicine Chair

Toni Baker

Dr. John A. Hardin, a 1969 graduate of the Medical College of Georgia School of Medicine and the school's 1978 outstanding alumnus, returned to MCG Aug. 1 as chairman of the School of Medicine's Department of Medicine.

Dr. Hardin, 47, returns to MCG from Yale University School of Medicine where he is chief of the Section of Rheumatology.

And Dr. Daniel W. Rahn, also a rheumatologist who is director of faculty practice for the Department of Internal Medicine at Yale, joins the MCG faculty Aug. 1 as vice chairman of the Department of Medicine.

Dr. Gregory L. Eastwood, dean of the Medical College of Georgia School of Medicine, called the two new department leaders true triple threats, with strong backgrounds in research, education and patient care.

Dr. Hardin was born in Washington, Ga., and is a 1965 graduate of the University of Georgia. After completing medical school in Augusta, he trained as an intern in medicine and as a resident and fellow in internal medicine at Strong Memorial Hospital in Rochester, N.Y.

He then worked for two years as a clinical associate at the National Institutes of Health before completing his medicine residency at Massachusetts General Hospital in Boston.

He then completed a postdoctoral fellowship in rheumatology and a special NIH postdoctoral fellowship in clinical immunology at Massachusetts General.

He joined the Yale faculty in 1976 as an assistant professor, was made associate professor in 1980 and full professor in 1986. He became rheumatology section chief in 1988.

In between his work at Yale, he spent a year in 1982 as a visiting scientist in the Department of Biochemistry at Cambridge University in Cambridge, England.

Dr. Hardin also has been a postdoctoral research fellow and senior investigator for the Arthritis Foundation. In 1984, he and Drs. Michael Lerner and Joan Steitz, Yale molecular biologists, shared the foundation's Lee Howley Prize for best research in rheumatology.

His professional memberships include the American Association of Physicians, the American Society for Clinical Investigation and the American College of Rheumatologists.

Dr. Rahn, 41, earned his undergraduate and medical degrees from Yale University before doing an internship and residency in internal medicine at Yale-New Haven Hospital.

He was chief resident at the hospital in 1979 and was named an instructor in Yale's Department of Internal Medicine that same year.

He then completed a postdoctoral fellowship in the school's Section of Rheumatology. For seven years, he had a clinical practice in internal medicine and rheumatology with the Guilford Internal Medicine Group in Guilford, Conn.

He remained on the clinical faculty of Yale during that time and in 1988 rejoined the faculty full time as an associate professor and director of faculty practice. Dr. Rahn also is clinical director of the school's Lyme disease program. ■

Alumni Association Banquet

Dr. Feldman Named Outstanding Faculty

Dr. Elaine B. Feldman, chief of the Medical College of Georgia School of Medicine's section of nutrition, was named the school's outstanding faculty member during MCG's May 23 faculty assembly.

Dr. Feldman earned a medical degree from the New York University School of Medicine. She joined MCG as a professor of medicine in 1972 and was named chief of the section of nutrition in 1977. She was acting chief of the section of metabolic/endocrine disease from 1980 to 1981.

Dr. Feldman is a member of the American College of Nutrition, the American Gastroenterological Association and the American Medical Association. She is a fellow of the American College of Physicians. ■

School of Medicine Dean's Reception

Dr. Gadacz Named Surgery Chair

Toni Baker

Dr. Thomas R. Gadacz, professor of surgery at Johns Hopkins Hospital, has been named chairman of the Department of Surgery at the Medical College of Georgia School of Medicine.

The 50-year-old gastrointestinal surgeon, an expert in laparoscopic surgical techniques that reduce the incision size and so the healing time, discomfort and disability of surgery, also was chief of the surgical service at the Department of Veterans Affairs Medical Center in Baltimore before joining the MCG faculty July 1.

Dr. Gregory L. Eastwood, dean of the MCG School of Medicine, describes the new chairman as forthright and firm but likeable and says he is well-suited to further develop the research, clinical and teaching efforts of the surgery department.

Dr. Gadacz earned his undergraduate degree from the University of Notre Dame and his medical degree from St. Louis University School of Medicine. He began his surgical training at the University of Chicago before serving a tour in the United States Navy, including time at San Diego's Naval Hospital and in Vietnam as a member of the 3rd Marine Division.

After his military service, Dr. Gadacz completed a year's study in gastrointestinal physiology at the University of California in San Francisco before completing his surgical residency there. In 1974 he began a yearlong fellowship in gastroenterology at the Mayo Clinic.

In 1975 he joined the faculty of Johns Hopkins as an assistant professor and was made staff surgeon and chief of surgical research at the Baltimore VA. He was made chief of the VA's surgical service in 1978.

At MCG, Dr. Gadacz already has identified and begun to recruit additional faculty members, with plans to establish a surgical nutrition service to deal with the nutritional needs of critically ill patients and to do research in that area.

He also has begun conversations with optics experts at the Georgia Institute of Technology to develop a cooperative research effort in the area of laparoscopic techniques.

Also, in an agreement between the MCG Department of Anesthesiology and nursing and hospital administration, as surgery chairman Dr. Gadacz is responsible for the day-to-day operation of the operating rooms of MCG Hospital and Clinics. ■

School of Medicine 1966 reunion

8 Retire from School of Medicine

Eight Medical College of Georgia School of Medicine faculty members were honored upon their retirement during MCG's May 23 faculty assembly.

Retiring from the School of Medicine are James O. Ellegood and Drs. Margaret B. Devore, William F. Geber, Earl A. Loomis Jr., Arlie R. Mansberger Jr., Winford H. Pool Jr., J. Graham Smith and Jean M. Tyler.

Mr. Ellegood, assistant professor in the Department of Physiology, earned a master's degree in endocrinology from MCG and joined the faculty as a research associate in 1963. He was named assistant professor in 1983.

Dr. Devore, associate dean for students and professor in the Department of Anesthesiology, earned a medical degree with honors from the Medical College of South Carolina and performed a residency in anesthesiology at MCG. She is certified by the American Board of Anesthesiology. She has been an MCG faculty

member since 1964 and was named associate dean for students in 1979.

Dr. Geber, professor in the Department of Pharmacology and Toxicology, earned a Ph.D. in physiology from Indiana University and joined the MCG faculty in 1965.

Dr. Loomis, professor in the Department of Psychiatry and Health Behavior, earned a medical degree from the University of Minnesota School of Medicine and joined the MCG faculty in 1981.

Dr. Mansberger, chairman of the Department of Surgery, earned a medical degree from the University of Maryland School of Medicine and is certified by the American Board of Surgery. He joined the MCG faculty as chairman of surgery in 1973, after helping develop the country's first trauma center at the University of Maryland.

Dr. Pool, professor in the Department of Radiology, earned a medical degree from MCG in 1952 and joined the faculty in 1960. He served as chairman of the Department of Radiology from 1974 to 1987 and was chief of diagnostic radiology from 1987 to 1990.

Dr. Smith, chairman of the Department of Dermatology since 1967, has served as president of the American Academy of Dermatology, the American Dermatological Association, the American Board of Dermatology, the Society for Investigative Dermatology and the Association of Professors of Dermatology. He also is past chairman of the American Medical Association Section of Dermatology, distinguishing him as one of only five dermatologists to have held leadership positions in all six of the country's major dermatological organizations.

Dr. Tyler, associate professor in the Department of Medicine's section of metabolic endocrine disease, earned a Ph.D. in organic chemistry from the University of London. She joined the MCG faculty in 1968 as assistant research professor in the section and was named associate professor in 1974. ■

Scholarships Awarded to Medical Students

The Medical College of Georgia School of Medicine Alumni Association has awarded seven $2,300 scholarships to academically outstanding MCG students. The scholarships are awarded annually.

This year's recipients are Mark Arnall, Michael A. Cowan, Charles B. Hoover, Robert T. Horseman, David B. Minter, John G. Norris and Theodore B. Rheney Jr.

Also, MCG medical student George Philip Thevaos has received the association's Alumni Scholar Award, a four-year scholarship of $4,500 per academic year. ■

Nephrology Meeting Scheduled Sept. 5–7

The 1991 Nephrology and Hypertension Update, sponsored annually by the National Kidney Foundation of Georgia, will be held Sept. 5–7 at the King and Prince Beach Resort on St. Simons Island, Ga.

The update is held in conjunction with the annual meetings of the Georgia Society of Nephrology and the End State Renal Disease Network (the Southeastern Kidney Council.)

This year's program will deal with several nephrology issues, emphasizing the dialytic and nutritional management of acute renal failure, special circumstances in hypertension and peritoneal dialysis.

Featured speakers will be Dr. Ralph Caruana, director of nephrology and associate professor of medicine at the Medical College of Georgia; Dr. Raghunatha Rao, professor and chief of anatomic pathology at MCG; Dr. Thomas Golper, professor of medicine at the University of Louisiana School of Medicine; and Dr. William Mitch, director of the renal division of the Emory University School of Medicine. Participants will have an opportunity to meet with the speakers during the program.

The program is open to nephrologists, internists, family practitioners, physician assistants, physicians-in-training, nurses, dietitians, dialysis technicians and paramedicals.

For more information and registration, contact Lynn Stewart, program coordinator of the National Kidney Foundation of Georgia, at 404–248–1315, or toll-free in Georgia at 1–800–633–2329. ■

School of Medicine 1961 reunion

Dean's Interlude

Dr. Gregory L. Eastwood

"I learned this, at least, by my experiment: that if one advances confidently in the direction of his dreams, and endeavors to live the life which he has imagined, he will meet with a success unexpected in common hours.... If you have built castles in the air, your work need not be lost; that is where they should be. Now put the foundations under them."

Henry David Thoreau
Conclusion to Walden

Dr. Eastwood with distinguished alumnus Dr. John Robinson and wife Betty during dean's reception

We have been advancing confidently in the direction of our dreams this year and attempting to construct foundations for our castles in the air. Much has been accomplished to that end. I would like to report to you on our progress over the past year.

This has been a busy year for the recruitment of department chairs in the School of Medicine. Dr. Richard Borison was appointed chairman of the Department of Psychiatry and Health Behavior and began his leadership April 15. Dr. Borison has been on our faculty for several years. He has an orientation to both traditional psychiatry and bioscience.

In the Department of Surgery, Dr. Arlie Mansberger retired March 31 after 17 years of exemplary leadership to become professor of surgery emeritus. Dr. Thomas Gadacz, professor of surgery at Johns Hopkins University School of Medicine, will begin July 1 as the new surgery chairman. Dr. Gadacz is an internationally recognized authority on laparoscopic surgery. Also, MCG graduate Dr. John A. Hardin, chief of rheumatoogy at Yale University, has been named chairman of the Department of Medicine.

By the time you read this, we also expect to have appointed new chairmen in the departments of medicine, immunology and microbiology, and biochemistry and molecular biology. Finally, Dr. Graham Smith, chaiman of the Department of Dermatology, has retired June 30. We have begun the process of identifying his successor.

The cast of characters in the dean's office also has changed. In July 1990, Dr. Maurice Levy, professor of pediatrics and long recognized for his interest and skills in education, became our first associate dean for faculty development. Dr. Margaret Devore, professor of anesthesiology and beloved associate dean for students, retired June 30. She will become professor of anesthesiology emerita and associate dean for students emerita.

Dr. Thomas McDonald, professor of anatomy and associate dean for minority affairs, will become the new associate dean for students. Beginning Nov. 1, Dr. Louis Cregler, acting chief of the medical service at the Bronx Department of Veterans Affairs Medical Center and associate professor of medicine at Mt. Sinai School of Medicine, will join us as the new associate dean for minority affairs.

In January 1991, the new Office of Rural Health was initiated with the arrival of its director, Dr. David Wells. The creation of that office is a recognition of the responsibility this health sciences university has to address the health needs of rural Georgia. Dr. Wells is well qualified to lead that office, having practiced for more than 35 years in Dalton, Ga., served as president of the Medical Association of Georgia, helped develop the Joint Board of Family Practice, been involved in programs to place physicians in rural Georgia and, perhaps just as important for us, served as president of our own alumni association.

We continue to enjoy success with respect to our medical students. As I have mentioned in a previous Dean's Interlude, the applications to the School of Medicine have increased by 50 percent over the past two years. At the other end of the educational process, our graduates are recognized as being outstanding doctors and they place in excellent residency programs of their choosing. This year, 91 percent of our seniors who entered the match received one of their first three choices for their residency training.

Several new programs are under way that will be developed over the coming year. These include telemedicine, a two-way television-based communication system between MCG and distant medical facilities for the purposes of consultation and education; programs in pancreatic transplantation and bone marrow transplantation; and further development of our research program in Alzheimer's disease and aging.

We will continue to advance confidently in the direction of our dreams, constructing new castles, attending to the castles already built and securing the foundations that are necessary for their long and successful life. ■

Alumna Wraps Up 30-Year MCG Career

Ingrid Heggoy

Betty Golden knew she would leave the Medical College of Georgia soon. She just wasn't sure exactly how it would happen.

Ms. Golden retired at the end of March as associate hospital director for patient care, after 30 years at MCG and Gracewood State School and Hospital. But she almost left in a hurry in February, when her naval reserve unit was called up. Luckily, the war ended quickly, and Ms. Golden was able to leave MCG in a more orderly fashion.

"I had already announced my retirement date when I got the call from my naval reserve unit," she said. "I was planning on leaving MCG, but not quite that quickly!"

As it turned out, Ms. Golden was able to continue at MCG until her planned retirement.

When she accepted the position as director of nursing in 1971, the hospital, without the new Sydenstricker wing, had nearly as many beds as the 540 it does today. But there were only 54 registered nurses, compared with the 378 that staff the hospital now.

"It's almost impossible to compare the 'then' and 'now,'" she said. "The care given by nursing is so very different. The acuity of patients' illnesses is so much higher now. The technology available to us now, we didn't know then. We're able to do surgeries that we didn't dream about then.

"Many of the patients today are so much more ill," she said. "So nurses are called on to give more personalized care. Back then, we didn't even have R.N.s at the hospital around the clock, and one nurse would be responsible for about 20 people. Now a nurse is usually responsible for between one and eight patients, depending on the unit."

Ms. Golden graduated from the MCG School of Nursing with a bachelor's degree in nursing in 1961, and later became the first graduate of MCG's master's program in nursing. She promptly began her nursing career as a staff nurse in the old Talmadge Hospital, moving up to head nurse after a year. In 1965, she became the assistant director of nursing at Gracewood, then came back to MCG in 1971 as director of nursing. Although the job title has since changed, that's the job she held at MCG for 20 years, until her recent retirement.

One of the problems MCG has, as do many other hospitals, is filling the need for nurses. It is a problem Ms. Golden sees regularly and doesn't believe will go away. But she helped MCG establish programs to attract and keep good nurses.

"I'm proud of our staff development program. It's one of the finest in the state," she said. "Also, our nurse clinical specialist program is a good nursing model.

"And while the salaries for nursing aren't where they will be, I think they'll continue to go up. Hospital nursing is hard work, physically and emotionally, and the people who dedicate themselves to it are professionals."

Ms. Golden has seen a number of changes in nursing since she graduated from MCG, spurred in part by the greater amount of medical knowledge and a more intense level of care today. She has actively advocated some of the changes through her roles in organized nursing. She served as president of the Georgia Nurses Association and the Georgia Society for Nursing Service Administrators (now the Georgia Organization of Nurse Executives) and is a member of the Georgia Board of Nursing, which regulates nursing in the state.

"I think the profession of nursing has come a long way since I began. There is more professionalism among the nurses themselves, and I think nursing is becoming more defined. The nurse used to be all things to all people. Now specialists have come along, such as respiratory therapists and other allied health professionals.

"And the profession is becoming more specialized. There's so much knowledge out there in any one area today that it's an advantage to specialize. You don't expect physicians to know everything either, and of course we're all individuals, with different preferences."

One of her final duties at MCG was participating in the ribbon-cutting ceremony of the newly renovated 4-South nursing unit, a surgery and transplantation unit. It is the same unit where she began her nursing career in 1961 and served as head nurse from 1962 to 1965.

As for the future, she plans to enjoy some free time this summer and perhaps re-enter nursing in some capacity this fall. Two Georgia colleges are interested in her teaching nursing administration part time.

"I may go back to work," she said. "It's hard to do something for 30 years and then just stop. Teaching would be nice, and I've been thinking about doing some staff nursing, which is what I've been doing with the naval reserves. But first I'm going to relax, take some time and enjoy my grandson." ■

Betty Golden chats with colleague Dr. William Kanto during her retirement party.

Dr. Lillis Named Chairman

Christine Hurley Deriso

Dr. Patricia Lillis, acting chairman of the Medical College of Georgia School of Nursing Department of Adult Nursing, has been named permanent chairman.

"I'm very pleased Dr. Lillis is assuming this position," said Dr. Vickie A. Lambert, dean of the School of Nursing. "I have great confidence in the progress and growth the department will demonstrate under her leadership."

"I'm very excited. I think this is a real challenge," Dr. Lillis said. "There are a number of budding scholars within our department and I'm hoping to be able to facilitate their growth. It's nice to officially be at the helm."

Her plans include enhancing research in the areas of gerontology, critical care and oncology, as well as preparing professional nurses for acute and chronically ill client care.

Dr. Lillis, who earned a doctorate in nursing science from the University of Alabama at Birmingham, joined the MCG faculty in 1972 as an instructor in the Department of Adult Nursing. She was named assistant professor in 1974 and associate professor in 1987.

She is principal investigator of a grant studying pain management techniques for children with cancer, which recently was awarded the national Oncology Nursing Society/Adria Laboratories Excellence in Publication Award for Research.

Dr. Lillis is president of the Beta Omicron chapter of Sigma Theta Tau, the international honor society for nursing; president of the Augusta Chapter of the Oncology Nursing Society; and vice president of the Richmond/Columbia Unit of the American Cancer Society Board of Directors. She also is a member of Sigma Xi, the scientific research society; Omicron Delta Kappa, a national honor society for leadership; and the International Society of Nurses in Cancer Care. ■

Distinguished Nursing Alumna Rosa Messer, during nursing homecoming dinner.

Ms. McDonough Named Outstanding Faculty

Jo-Ellen McDonough, an instructor in the Medical College of Georgia School of Nursing Department of Community Nursing, was named the school's outstanding faculty member during MCG's May 23 faculty assembly.

Ms. McDonough earned a master's degree in medical-surgical nursing and nursing administration from Case Western Reserve University's Frances Payn Bolton School of Nursing and joined the MCG faculty in 1985.

Ms. McDonough is project coordinator of the school's "Preceptorships in Rural Hospitals" grant funded by the nursing division of the U.S. Department of Health and Human Services' Public Health Service. She is a member of Sigma Theta Tau, the American Nurses Association and the Southern Nursing Research Association. ■

Dr. Hamm Retires

Dr. Betty H. Hamm, professor in the Department of Mental Health-Psychiatric Nursing, was honored upon her retirement at MCG's May 23 faculty assembly.

Dr. Hamm earned a master's degree in nursing from the University of Maryland and a doctorate in education from the University of Georgia.

She has been a member of the MCG faculty since 1976 and is a member of Sigma Theta Tau, the American Association of University Professors, the National Mental Health Association and the International Neuropsychological Society. She has written extensively on the subject of mental health and co-authored a book titled "Growing Up Through Selectivity: A Game on Assertiveness," which teaches coping skills to adolescent delinquents. ■

46 Inducted Into Sigma Theta Tau

Forty-six Medical College of Georgia School of Nursing students were inducted May 23 into the Augusta chapter of Sigma Theta Tau, the international honor society for nursing.

The students are John D. Adams, Evans, Ga.; Lolita C. Aiken, Gainseville, Ga.; Debra M. Banks, Beech Island, S.C.; Peggy A. Best, North Augusta, S.C.; Lara L. Blair, Augusta; David A. Bloodworth, Athens, Ga.; Teresa E. Bowers, North Augusta, S.C.; Allen D. Braddy, Augusta; Myrna E. Bryson, Augusta; Vivian Y. Bugg, Augusta; Mary Louise Capers, Augusta; and Paula Carroll, Grovetown, Ga.

Also, Ann H. Casella, Martinez, Ga.; Julia B. Coulter, Augusta; Amy E. Dixon, Augusta; Sandra D. Farmer, Grovetown, Ga.; Diane L. Felts, Augusta; Kathryn N. Gammage, Moutrie, Ga.; Elizabeth L. Green, Aiken, S.C.; Mary H. Greene, Gainseville, Ga.; Pamela M. Hargrove, Grovetown, Ga.; Katherine Harkness, Augusta; A. Hope Harris, Butler, Ga.; Patricia N. Hartigan, Marietta, Ga.; Caroline E. Johnson, Macon, Ga.; Sarah N. Leverett, Stone Mountain, Ga.; and Susan Luparell, Hephzibah, Ga.

Also, Melanie B. McHan, Cedartown, Ga.; Melanie R. McNair, Augusta; Linda B. Moore, Greenwood, S.C.; Joan Musgrove, Watkinsville, Ga.; Sandra Neal, Byron, Ga.; Kimberly L. Parker, Macon, Ga.; Jana Pearson, Appling, Ga.; Sandra L.B. Pitman, Augusta; Margaret J. Regus, Augusta; Jennifer G. Royal, St. Simons Island, Ga.; Lisa D. Sapp, Cochran, Ga.; Martha A. Schenk, Fort Gordon, Ga.; Janet C. Sims, Athens, Ga.; Sheila W. Thomas, Watkinsville, Ga.; Tracy C. Tryba, Marietta, Ga.; Regina Jenkins Tyson, Augusta; Diane P. Walton, Snellville, Ga.; Elizabeth M. Webster-Garrett, Augusta; and Vanessa S.R. Wyche, Dublin, Ga. ■

Lost Alumni... *cont. from page 13*

Mary S. Ira, B.S.N.
Sherry D. Johnson, B.S.N.
Donata Kananura, B.S.N.
Leslie L. Kerkman, B.S.N.
Mary A. Knox, M.S.N.
Nancy L. Marshburn, B.S.N.
Adrienne C. Martin
Louise J. Martin, B.S.N.
Lee A. Melton, B.S.N.
Judith S. Moore, M.S.N.
Gail E. Newhouse, B.S.N.
Kimberly A. O'Connor, B.S.N.
Tara L. Porter, B.S.N.
Tracy Quillian, B.S.N.
Shirley B. Samuels, B.S.N.
Rebecca R. Sherman, B.S.N.
Inga C. Shorter, B.S.N.
Rosalie M. Stevenson, M.S.N.
Dana L. Thorp, B.S.N.
Shirri G. Trammell, B.S.N.
Janis P. Tyrell-Smith, M.S.N.
Catherine A. Walton, B.S.N.
Christy A. Young, B.S.N. ■

Class Notes

Medicine

U.S. Navy Capt. John A. Mitas, an MCG alumnus and chairman of the San Diego Naval Hospital Department of Medicine, assumed office as governor for the Navy region of the American College of Physicians during the college's 72nd annual session April 11–14 in New Orleans. He will represent ACP-member internists in the Navy region. ACP is the nation's largest medical-specialty society, with more than 70,000 members trained in internal medicine and internal-medicine subspecialties.

Dr. Herb Stelling ('51), professor emeritus at the Wright State University School of Medicine, was principal investigator and author of "A Comparative Study of Fecal Occult Blood Tests for Early Detection of Gastrointestinal Pathology," published in the May 1990 *Archives of Internal Medicine*. He served this past summer in Project USA, sponsored by the U.S. Public Health Service and the American Medical Association, at Rocky Boy Indian Reservation in Montana.

Dr. William L. Moore Jr. ('59), Fort Sam Houston, Texas, is a commander at the Brooke Army Medical Center in Fort Sam Houston. He has been promoted to major general, to be assigned as commandant, U.S. Army Academy of Health Sciences, at Fort Sam Houston.

Lt. Col. James Donald Grist ('74), Stuttgart, Germany, is a family practitioner in the U.S. Army and recently returned from Saudi Arabia in support of Operation Desert Storm.

Dr. Glenn H. Boyd ('75), Dalton, Ga., practices internal medicine at Hamilton Medical Center in Dalton. His second child, Nolan Heward, was born May 23, 1990.

Dr. Raymond P. Warrell Jr. ('75), New York, has been appointed associate physician-in-chief at the Memorial Sloan-Kettering Cancer Center.

Dr. David W. Crippen ('76), Pittsburgh, was elected a fellow of the American College of Critical Care Medicine in June 1990. He is vice chairman in the Department of Critical Care Medicine at St. Francis Medical Center in Pittsburgh.

Dr. Ronald Elliott ('79), Athens, Ga., is a staff physician for the University of Georgia Health Services and team physician for the University of Georgia Bulldogs. He is married to Melanie.

Dr. Susan Roberta Raybourne ('80) is an avid cultivator of daffodils. She is a member of the Georgia Daffodil Association and the American Daffodil Association. At the recent state fair, she was awarded 16 ribbons for her daffodils.

Nursing

Lawrence S. Lamb Jr. (BSN, '76), Columbia, S.C., earned a Ph.D. in biomedical science/experimental pathology from the University of South Carolina School of Medicine in May 1991. He is a molecular genetics fellow at USC. ■

AlumNews

Editor Christine Hurley Deriso

Writers Toni Baker
Christine Hurley Deriso
Ingrid Heggoy
David Waller

Design Tina Frix

Photography Phil Jones

Deadline for submitting information for publication in the spring issue of Alumnews is August 26, 1991

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

A Delicate Touch

Microsurgery requires a delicate touch and a great deal of patience. Microsurgery procedures often take more than 12 hours and sometimes more than 24 hours of delicate and tedious work to complete. Despite these drawbacks, it is sometimes the only hope for returning to a normal life.

The Medical College of Georgia is one of a few centers in the country that offers a special laboratory for teaching and research in microvascular surgery.

In the lab, students work with animals, learning the fine arts of reconnecting tissues, vessels and nerves. This lab experience provides the necessary skills for the best care of patients who need microvascular surgery.

Even though time is often of the essence when a patient needs microsurgery, preparation for the surgery can often make the difference between success and failure, according to Dr. Renato Saltz, assistant professor of plastic surgery and director of microsurgery and research laboratory.

"In some cases, such as free flaps—tissue transfer from one part of the body to another and reattaching it through microvascular surgery—this preparation involves selecting the patients and preparing the necessary tissue for the procedure," said Dr. Saltz. "In cases dealing with replantation, the patient and his amputated tissue or other body parts must be carefully studied to see that they are in good enough shape for the surgery to work."

Since the tissues and instruments involved in microsurgery are so small, surgeons need the help of a microscope. This is the part of the procedure that takes the most training and experience, according to Dr. Saltz.

MCG's microsurgery lab.

"When you first look under the microscope, your hand can be so big that it isn't even recognizable," Dr. Saltz said. "It takes some time to learn how to recognize the specific area you are looking for."

It is also difficult learning how to focus attention completely on the small surgical field being dealt with. A successful microsurgeon must also be able to maintain concentration for many hours.

The course, *Introduction to Microsurgery*, is available as an elective to MCG medical students, surgical residents or for continuing medical education to practicing surgeons.

In addition to education, the microsurgery laboratory is also involved in research.

"Several projects are under way or being planned for the lab," according to Robert Stowers, microsurgery lab instructor. "The students are really taking an interest in this area and getting involved in their own areas of research."

Among the research is a project headed by Dr. Saltz to develop a natural adhesive strong enough to be used in microsurgery procedures. This adhesive would replace stitches and alleviate a lot of aggravation and complications for patients, according to Dr. Saltz.

"This natural adhesive, fibrin glue, is made from the patient's own blood," he said. "This substance is in use today at many medical centers; however, we are studying possible new applications for it in microsurgery."

The microsurgery laboratory was primarily designed to help students and residents interested in plastic microvascular surgery, but now is becoming a useful tool in teaching students and professionals in virtually every surgical specialty.

"We want our students to be exposed to this surgery, because even though it has many applications today, it will play an even greater role in the future of surgery," said Mr. Stowers. ■

—DAVID WALLER

All Sewn Up

There are millions of things that we take for granted everyday. Certainly one of the things that most of us never think about but take advantage of hundreds of times a day is the ability to use our hands. There is, however, at least one Medical College of Georgia patient who will, from time to time, stop and think about how important his hands are to him.

George Heath was involved in an accident April 22 that almost resulted in the loss of his left thumb. Mr. Heath knew very little about microsurgery before his accident, but on that day he had to learn about this amazing work the hard way.

"My brother-in-law and I were bringing down a pine tree in his yard," Mr. Heath said. "I was standing on the ground holding a rope while he cut the top out of the old tree."

The details of what happened are sketchy, but the line that Mr. Heath was holding suddenly got very slack. Then, just as quickly, there was a jerk. That was when Mr. Heath realized that while it was slack, it had gotten wrapped around his thumb.

The jerk was so quick and so strong, there was no time to react.

"I knew that my thumb was caught and I knew that it hurt, but I had no idea that the damage was as serious as it was," Mr. Heath said. "By the time I knew what was happening, it was too late to do anything about it."

Mr. Heath was first taken to a local hospital, but when emergency-room physicians realized how serious his injury was, he was brought to MCG.

"A piece of skin was the only thing holding the thumb on," said Dr. Renato Saltz, MCG assistant professor of plastic surgery. "The thumb was totally devascularized."

The thumb was beginning to lose its color. "I don't know a lot about medicine, but I knew that something bad was wrong with my thumb," Mr. Heath said.

"Living cells simply cannot survive

Dr. Renato Saltz

George Heath

long without oxygen which is delivered by the blood, and it was obvious that this thumb was not getting any blood," Dr. Saltz said.

Realizing the extent of the damage, it was obvious to everyone involved that time was working against Mr. Heath's chances of keeping his thumb and the sooner action could be taken to restore blood flow to it, the better.

"They took me to surgery around 11 p.m. and the next thing I remember was about 5:30 a.m.," Mr. Heath said.

Even though Mr. Heath slept through it, a team of surgeons, anesthesiologists, nurses and allied health specialists worked through the night to perform the delicate procedure.

"When we got inside, we found that reconstructive work had to be done on the tendons and bones, but we also realized that both arteries had been completely separated," Dr. Saltz said.

The procedure involved repairing one of the severed arteries, about one millimeter in diameter, and suturing it back together with a piece of thread smaller than a hair. The process is tedious and painstaking, but it was the only hope for Mr. Heath.

The entire procedure must be done under a microscope by a surgeon with extremely steady hands.

"Mr. Heath had a broken bone in his thumb and a broken wrist also," Dr. Saltz said. "But we knew that setting that bone could wait and that we needed to get blood to that finger quickly or we couldn't save it."

As with all microsurgery cases, once the procedure is finished, the waiting begins.

"Sometimes it becomes obvious right away when these things aren't going to work, but other times it may take days or even weeks before they start showing definite signs that it didn't work," Dr. Saltz said.

A month after his surgery Mr. Heath is making a quick recovery. Dr. Saltz is pleased with the progress he is making and plans to start physical therapy soon.

"I won't say that his thumb will be as good as new, but it looks like he will have use of it and that it will have feeling," Dr. Saltz said.

Mr. Health is a letter carrier for the U.S. Postal Service and he hopes to return to work soon.

"I am anxious to return to work, but I know that if I had lost that thumb, I would not have been able to do my job," he said. "I'll continue to be patient and thankful that I still have my thumb.

"Everybody knows that MCG is a very special hospital, but I never thought that I would be one of the people who could testify to that first-hand," Mr. Heath said.

Even though reattachment is the most dramatic example of microsurgery, it is by no means the only thing that can be done using these procedures.

"Procedures involving flaps are our most common," Dr. Saltz said. "The uses and potential with free flaps are virtually unlimited."

A free flap is a piece of skin, fat, muscle and sometimes bone taken from the patient's body and moved to a different part of the body. It is then reconnected through microvascular surgery to blood vessels in the new location. Even though it is done in a more controlled environment, it works very much like the replantation.

Flaps can be used for a variety of aesthetic and reconstructive purposes, including breast reconstruction after mastectomy, removing scar tissue or replacing tissue that was removed either accidentally or surgically.

Once the area of skin to be replaced has been identified, doctors find a place on the body where tissue can be removed in order to move it to where it is needed. In the case of breast reconstruction, the best place for the tissue to be harvested from is usually the abdomen.

Once the tissue is removed, it is shaped and then sutured in place where the breast or scar tissue was removed, according to Dr. Saltz.

"Because the tissue is living rather than synthetic, we have to connect it to nerves and vessels that already exist," Dr. Saltz said. "Because the tissue is a natural part of the patient's body, there is also no risk of rejection."

In another dramatic case, Dr. Saltz replaced an area of scar tissue from a child who had been severely burned on his face and neck. The flap gave him a freedom of motion that he had not known since his accident and removed a tremendous amount of the disfiguring scar tissue, Dr. Saltz said.

The potential for microsurgery is virtually unlimited. Under the leadership of Dr. Saltz and through the microsurgery laboratory, MCG plans to stay on the cutting edge of this ever-changing field.

As for Mr. Heath, "I plan to return to work soon and am very grateful to all the people at MCG who helped me through what could have been a real tragedy." ■

—DAVID WALLER

A Womb with a View

Dr. Lawrence Devoe thinks back 20 some odd years to the first baby he saw born with a major, major birth defect.

"Here this family had been anticipating a perfectly normal baby. It's like being hit by a truck, run over and dragged 100 yards. You simply have not had a moment's notice to say, 'What are we going to do if or when,'" said the chief of the section of maternal and fetal medicine at the Medical College of Georgia.

He also thinks back those 20 years to the ultrasound machinery used to visualize that unborn baby.

"It produced sonar blips like what you see in submarine movies where a blip represented the location of the baby or placenta or some of the structures. You had to be very adept at understanding that this blip is this and this blip is that. But it certainly didn't produce a picture."

Then came the technology boom and the evolution of real time ultrasound, a visual trick where so many still pictures are taken so quickly that it produces the illusion that you are watching something moving, but because the pictures are actually still images, the resolution is much better.

"Fingers and toes, general body structure, skeletal structures, head, spine, extremities, hands, feet, these are generally not a big task for good imaging equipment.

"You get into more details, details of the brain anatomy, details of the heart, details of some of the abdominal organs. "Now we've added to that the ability to do color transformation of the image so that you can identify blood flow abnormalities in various vascular systems like you would in an adult patient.

"We are already now seeing the emergence during this decade of what they call holographs or three-dimensional images produced by ultrasound which will allow you to view a baby in a number of different axes and really add a fourth dimension to what we are doing now."

Dr. Devoe is working with radiologists at MCG to find a way to use the high resolution and detail produced by magnetic resonance imaging to further look at the detailed anatomy of a growing fetus.

"Today, with the right people and right equipment, virtually any major birth defect can be diagnosed before a child is born," he said.

"This runs the gamut of malformations of the head, malformations of the brain, malformations of the chest, the heart, the abdomen, the organs within the

Dr. Lawrence Devoe

abdomen, limb deformity, various deformities involving the central nervous system, the kidneys, the bladder, practically you name a system that has a very obvious defect in it and that defect has been picked up and described by the use of prenatal ultrasound," Dr. Devoe said.

"We can't fix all these problems before the child is born by any means and the number of problems that are fixable before a baby is born is very small. But the number of problems that can be fixed after a baby is born is getting bigger and bigger. And that requires diagnosis, forewarning and preparation," Dr. Devoe said.

Some of these defects may result in premature births, so doctors can watch and plan for such. Other defects can be watched to see if they were getting worse, so the baby might need to be delivered early so treatment could begin.

"The actual incidence of all abnormalities at birth is anywhere from 2 to 3 percent. That ranges from things that are trivial, for example an abnormal-looking little finger, to something major like having a hole in the head.

"If you bundle all those together, out of every 100 babies that is born, about two or three of them will have some recognizable abnormality, most of which is minor," he said.

"The error rate is probably higher than that. But through a process of more or less natural selection, very serious errors in the blueprint are destroyed at various times during pregnancy," Dr. Devoe said.

Conservative estimates say one in four pregnancies will end in the critical period of development of four to 10 weeks of intrauterine life; that corresponds to weeks six through 12 of a gestational age calendar.

Dr. Devoe calls this period the cutting edge of pregnancy when many women start getting pregnancy tests and when many of the structures recognizable at birth are being formed.

"When you start looking at defects in general, what you begin to realize very early on in the game is that once you have gone through this first selection process where you have weeded out things that are so bad that they would be incompatible with life, you now already have reduced the potential population of defects by a good number. One of four pregnancies that begins is going to end that way."

The most common reasons why these defects occur have nothing to do with anything the mother did.

Most are unexplained errors in the detailed blueprints that make a human.

And today, centers like MCG have organized special teams to optimize the care of these babies born with defects such as those of the head and face or heart abnormalities.

Prenatal diagnosis of these defects means everyone—from those teams to the parents—can have a good idea beforehand what is wrong and care plans can be designed.

"In cases where we are concerned about normalcy in the baby, we always make a big effort to get views of the face. You can see big abnormalities in the area of the nose, the eyes, the forehead of the baby, the mouth," Dr. Devoe said. "When you start getting into gross abnormalities you can see those. If things are split wide open, a big facial cleft, you can see that. If there is a single eye or cyclops, you can certainly see that.

"I think one of the things that has probably changed what I do more dramatically than anything else is not simply the ability to pick up a problem, because you can pick up a lot of things that you can't fix, but to pick up a problem where there is potential for fixing it and then be able to coordinate a care plan like you would for any patient.

"Knowing there is going to be a baby with a big facial defect is going to change the strategy for management afterward, allowing as well the preparation of the families. That's awfully important," he said, thinking back to that baby born completely unexpectedly 20 years ago. ■

—TONI BAKER

Healthy and Whole

Mary Jane Watkins has a figure she can be proud of. And she should be. Two MCG surgeons used a new technique to help her keep her figure after she was diagnosed with breast cancer in the fall of 1990.

"When I found out it was cancer, I thought, okay, so it's cancer, what do we do about it?" Mrs. Watkins said. "I feel very fortunate that it wasn't any worse than it was. The cancer hadn't spread, so I didn't have to have chemotherapy or radiation after the mastectomy. If it had to happen, it couldn't have happened in a better way."

After a mammogram showed a mass in her left breast, Mrs. Watkins was referred to Dr. John Wei, a surgical oncologist at the Medical College of Georgia. She then met with Dr. Renato Saltz, a plastic surgeon at MCG, who explained that he could perform an autologous reconstruction, recreating her breast using tissue from her abdomen, during the mastectomy surgery.

After Dr. Wei removed her breast, Dr. Saltz took a piece of muscle, skin and fat from Mrs. Watkins' abdomen and rotated it up and around and under the abdominal wall to her chest to create a new breast that matches the remaining one.

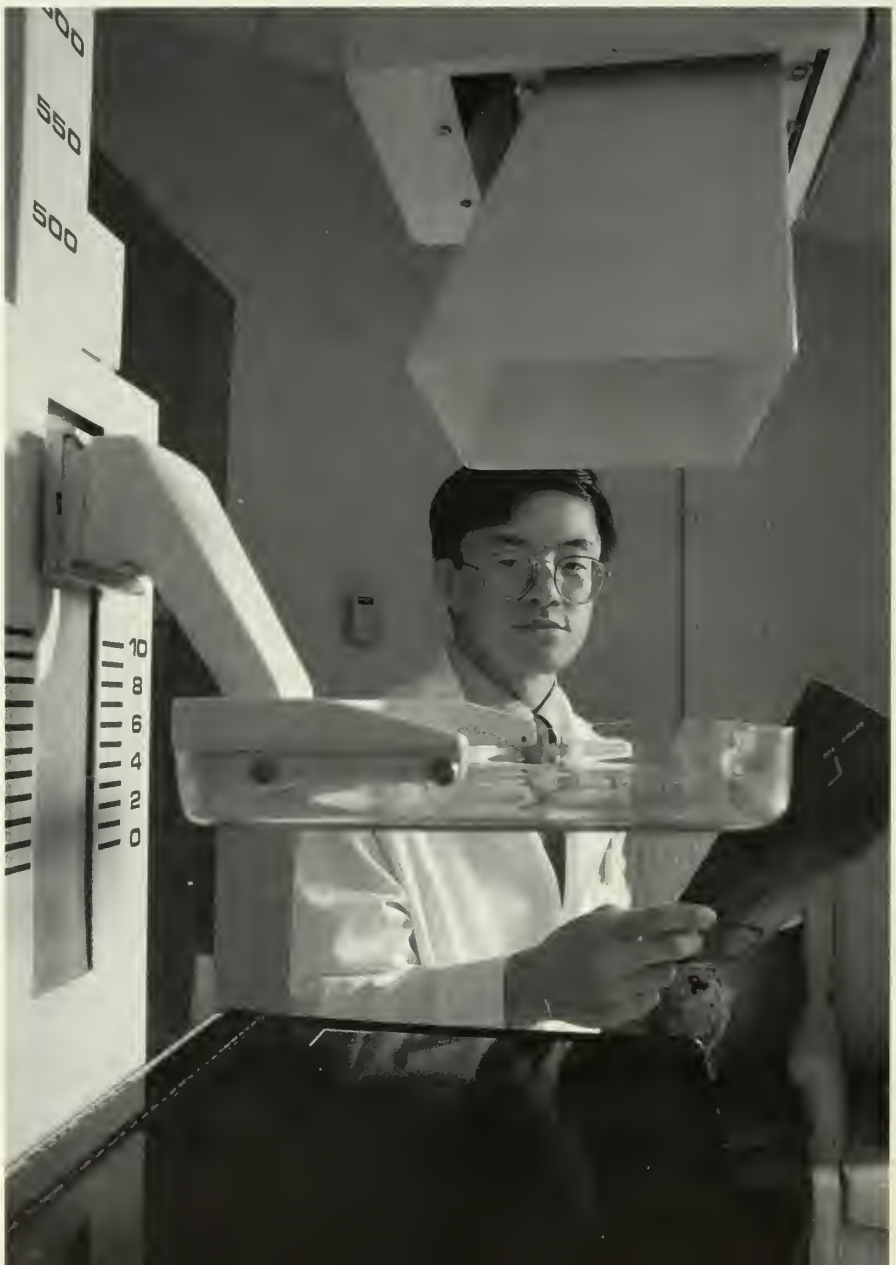
"It's just an amazing surgery," Mrs. Watkins said. "It's wonderful—you can't even tell where they tunneled the muscle through from my abdomen. It's like I got a tummy tuck and a breast reconstruction at the same time."

Mrs. Watkins was hospitalized for six days after surgery. The dual surgery requires a slightly longer hospital stay than if she had had only a mastectomy, but a significantly shorter total time than would have been necessary for two separate surgeries, Dr. Saltz said.

"Really, I've been going since they got me up in the hospital, and I haven't stopped since," she said. "I'm driving again, since about two weeks after surgery, and I'm going back to work in a couple of weeks."

The single operation has several advantages for the patient, Dr. Saltz said. It means the patient only has to go through one surgery, anesthesia, recovery period and hospital stay and it provides an immense psychological boost for the woman.

And while for some patients, implants are the best reconstruction option, for other women an autologous reconstruction may allow the surgeon to better match the remaining breast.



Dr. John Wei

"The patient wakes up from surgery, and she doesn't have just one breast," Dr. Saltz said. "Before, she would have to live with only one breast for months or years before a reconstruction. Now we don't have to put her through that trauma on top of the trauma of the mastectomy.

"Traditionally, women have had to wait after a mastectomy before getting a reconstruction, because surgeons believed it was safer, that a reconstruction might interfere with detecting a recurrence," he said. "But research has shown that this isn't true. If there is any recurrence, it can be detected just as well, and there are definite functional and aesthetic advantages to immediate reconstruction, especially with some of the new techniques we have now.

"I think the old idea of waiting doesn't make any sense. If you wait six months, you haven't changed anything from a medical standpoint, the cancer couldn't be seen yet because it usually doesn't grow that fast. And if a woman wants a reconstruction, why make her wait two years to regain her self-image? It doesn't improve her situation, and we know now that it is just as safe to reconstruct immediately."

Mrs. Watkins agrees.

"It's wonderful, and I have a wonderful outlook on it now," she said. "It helps from a clothes point of view, and I think I feel much better about it all than I would if I didn't have a breast. But what I think is even more important is that it helps take my mind of the mastectomy, off the fact that I had cancer. I'm busy taking care of my new breast, helping make sure it heals from the reconstruction, instead of worrying as much about cancer."

Mrs. Watkins is one of thousands of women in the United States each year who require a mastectomy, usually because cancer is detected too late to save the breast or because other treatments have failed. Many of these women who weren't aware that a new breast could be constructed from their own tissue or who had a mastectomy before the procedure was available are coming back for an autologous reconstruction.

Diane Donaldson had a mastectomy in 1988, after a lump she detected in her breast proved to be cancerous. She decided against reconstruction at the time, partly because she didn't know it could be done at the same time as the mastectomy and partly because she was unaware that autologous reconstruction was a possibility.

"My surgeon mentioned reconstruction at one of my last appointments before the mastectomy, but I wasn't interested at the time, because I felt that I had been through enough," Mrs. Donaldson said."I didn't want a second surgery; I wanted to do whatever I could to get rid of the cancer and get back to my husband and my family."

Three years later, Mrs. Donaldson began to consider a breast reconstruction.

"I would sometimes look in the mirror, and I felt like a part of me was missing," she said. "I felt that the most important part of me, my life, was still here, but something was missing, and that was something I could fix."

Dr. Saltz reconstructed her breast, again using tissue from her abdomen.

"It's just amazing," Mrs. Donaldson said. "There's a thin scar, like a bikini line, out of sight, and of course there are scars on my breast. But it looks wonderful, especially compared to the scar I had from the mastectomy."

While both immediate or delayed reconstructions with autologous tissue are available at several large medical centers in the United States, some general surgeons performing mastectomies aren't familiar with the techniques, Dr. Saltz said. He suggests that patients facing a mastectomy who are interested ask their surgeon about the procedures.

The surgeon uses one of two techniques for an autologous reconstruction. He may choose to perform a TRAM flap procedure, the reconstruction option Mrs. Watkins and Mrs. Donaldson had, in which the tissue taken from the abdomen or back is left attached to its original blood supply and rotated into position. Or, he may choose to perform a free flap reconstruction, in which tissue is removed from the abdomen, buttocks or thighs and reattached to vessels on the side of the chest by microvascular surgery. Which option the surgeon chooses depends on the individual, Dr. Saltz said. In either case, the nipple is reconstructed several months later, in a minor procedure.

Although MCG has offered breast reconstruction with techniques such as silicone implants and tissue expanders for many years, autologous reconstruction was available only on a very limited basis until last year. Dr. Saltz introduced the free flap procedure at MCG when he joined the faculty in 1990, and he has already performed autologous reconstructions on about 12 women.

An autologous breast reconstruction using a TRAM flap procedure by Dr. Renato Saltz.

But regardless of the technique, the results—especially the psychological results—are the same.

"I would hope that anybody who has to have a breast removed asks about this surgery," Mrs. Watkins said. "It's the most wonderful option, and there's the fact that you get all the surgery over with at once, it's done and you're healing. That really helps—mentally, physically, psychologically and every other way you want to look at it, it helps." ■

—INGRID HEGGOY

Lifting the Burden

If Elisabeth Brown* confided to people that she was self-conscious about her figure, they'd probably think she was joking.

Elisabeth, all of 5 feet and 106 pounds, has never come close to qualifying as overweight. Her waist size rivals Scarlett O'Hara's. She's the embodiment of the word "petite."

Nevertheless, "I was dissatisfied with my figure from adolescence on," she said. "I was very self-conscious about things like who I went swimming with, who saw me in a bathing suit..."

What in the world was the problem? Elisabeth sums it up in a word that makes her cringe to this day: "Saddlebags."

Despite her petite size, her thighs were disproportionately heavy. "My waist has always been small; any weight I gained went right to my thighs. If I gained two or three pounds, I wouldn't be able to wear my jeans. A couple of pounds shouldn't be able to do that," she said.

Neither dieting nor exercise helped. "Even at 99 pounds, the saddlebags were still there."

The problem was both functional—she had a terrible time finding clothes that fit—and psychological. The extra baggage chipped away at her self-esteem. "It bothered me. I had to be careful about what kind of clothes I wore. I was very aware of it, very self-conscious."

She was in college when she first heard about a surgical procedure to rid the body of excess localized fat. "I thought it sounded interesting, but I was in college and it cost a lot more money than I had. Plus, I'd never had surgery, so I was scared of that."

But the idea kept nagging at her. The procedure—liposuction—seemed like a perfect solution, something almost custom-made for her problem. After she graduated from college, Elisabeth started saving money for surgery.

"I went to a plastic surgeon in July 1990 and he said I'd be a really good candidate for surgery."

Those with the garden-variety problem of just being overweight are generally discouraged from liposuction.

"It's not an operation for general obesity," said Dr. Kenna Given, chief of plastic surgery at the Medical College of Georgia. "And the operation doesn't work for cellulite, which is too close to the skin."

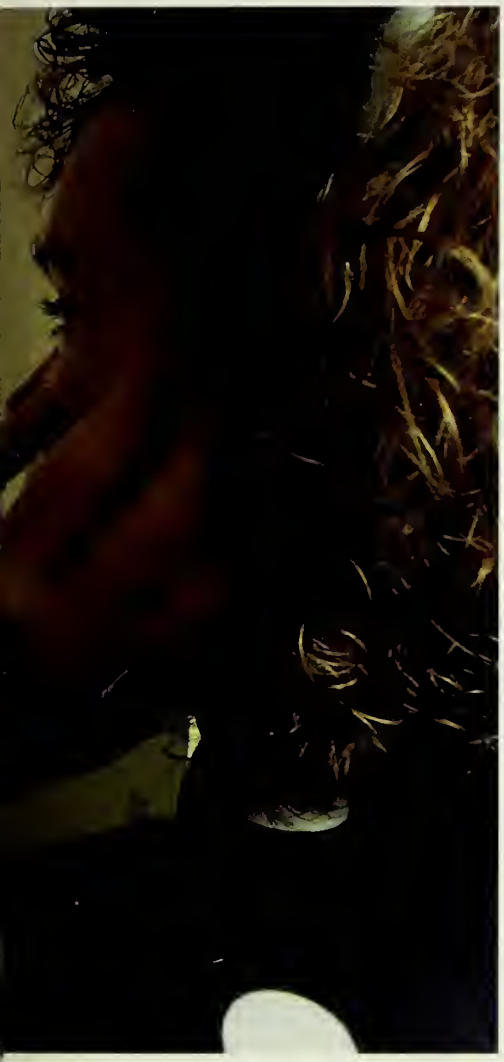
But liposuction, a procedure introduced in the United States in the early 1980s, is a solution for Elisabeth's problem of stubborn localized fat disproportionate to the rest of the body. She had the surgery in the fall of 1990.

"I was very nervous about it, but it turned out to be not nearly as bad as I'd anticipated," she said. She showed up at the MCG Hospital at 6 a.m., had surgery at 8 a.m. and was home by midafternoon.

"Most aesthetic surgery is done on an outpatient basis, although patients can be admitted overnight if they prefer," Dr. Given said.

Elisabeth's surgeon, Dr. Steven J. Smith, assistant professor of plastic surgery at MCG, removed about four pounds of fat from her thighs with a suction machine that literally sucks out the fat at the proper level in the body—about a fourth of an inch beneath the skin. And as he'd suggested to Elisabeth before surgery, he also removed a bit of excess

*Name changed



Dr. Kenna Given

fat around her knees to complement her "new" thighs. "He said since he was going to be in the vicinity anyway, it's something I might want done," she said.

Elisabeth went home from the hospital hours after the surgery. She was bandaged and groggy from anesthesia, but basically feeling fine.

"I had the surgery on Thursday, and Sunday afternoon, I went to the mall with my mom for awhile. I was back at work Monday," Elisabeth said. "I had some soreness and swelling, but I never needed to take anything stronger than Tylenol."

And how does she feel about her new figure? "I didn't expect to come out looking like a model. I expected it to make a difference, and it has—to me, a big difference. I went from a missis' size 6 in jeans to a juniors' size 5. Most of my friends have noticed, too, which makes me feel good. I'm very pleased I did it."

Liposuction is but one of many forms of cosmetic surgery available today. About 40 percent of the MCG Department of Plastic Surgery's cases are cosmetic. About 10 percent of the staff's cosmetic-surgery patients are male.

Procedures include breast augmentation (the one most commonly sought), face lifts, rhinoplasty (nose jobs), eye-bag removal and brow lifts.

What motivates some people to undergo surgery for the sake of their appearance?

"The reasons somebody would want to change their appearance are multifaceted," Dr. Given said. "Some do it for professional reasons—a more youthful image. Others do it because they have a good self-image and they're unhappy with the physical effects of such things as gravity and the sun. The opportunity now exists to change that and they want to take advantage of it."

Of course, he acknowledges that some people want cosmetic surgery for all the wrong reasons: a short cut to perfection, for instance, or a reaction to a recent trauma such as death or divorce.

"Not everybody should have these procedures—people with unrealistic expectations, people with a recent trauma in their lives.... Some people do it to try to prevent a divorce, and that's not good. If they have vague answers about why they want it done, that to me is an indication they may not be a good candidate," Dr. Given said. He and his colleagues try to assess that motivation in their initial meeting with potential patients. If they sense unrealistic expectations, they gently suggest that the patient give it some thought and come back later.

And cosmetic-surgery physicians must be completely honest with their patients, he said. "The most important thing is physician-patient trust. If that's not there, it shouldn't happen."

Indeed, Elisabeth attributes much of her satisfaction to her relationship with her physician. "Dr. Smith was just great," she said. "I couldn't have asked for anybody better. He took a lot of time to ask exactly what it was I was unhappy with. He told me what surgery could and couldn't do to make sure I had a good understanding of what the capabilities and limitations were."

And even in this day and age of increasingly refined technology, cosmetic surgery does have limitations. Controversy is ongoing, for instance, about the safety of commonly used cosmetic-surgery materials such as collagen and silicone. Collagen, purified bovine cartilage injected into the skin to smooth out wrinkles, has been linked to autoimmune-defiency diseases, although Dr. Given feels sure the very few cosmetic-surgery patients who have contracted the diseases were destined to do so anyway and were in no way harmed by the collagen. "I absolutely think it's safe; if I didn't, I wouldn't use it," he said.

And silicone, used to augment breasts, has been linked as a deterrent in detecting breast cancer. Again, Dr. Given is confident of the material's safety and many mammographers feel it doesn't interfere with mammograms. And cosmetic-surgery materials are constantly being refined and get safer every day, he said. Even documented side effects of cosmetic surgery such as scarring and infection are the exception and are readily treated, he said. Breast-augmentation side effects such as hard breasts "can be surgically corrected," said Dr. Renato Saltz, assistant professor of plastic surgery at MCG. "Most patients are just delighted with the outcome of their surgery."

Indeed, most of the MCG staff's patients regard their surgery as being freed of a lifelong burden. "I look at cosmetic surgery as a way to improve quality of life," Dr. Given said. "That's what plastic surgery—both aesthetic and reconstructive—is all about."

The public, which is seeking out these procedures in record numbers, seems to concur. "The numbers are increasing and I think they'll continue to increase," Dr. Given said. "Our specialty is extremely knowledgeable about aesthetic surgery. If patients have a realistic request, it generally can be achieved." ■

—CHRISTINE HURLEY DERISO

A Message from the Medical College of Georgia Foundation President

As you have read recently in this magazine, the Medical College of Georgia is committing significant resources to improve the practice of medicine in rural Georgia. Since I practice in Sylvester, Ga., I am extremely interested in this effort.

I have always felt that my family, my church, my community and my education at MCG were the most important factors in my life. I have always wanted to do something for MCG which would improve the quality of health care in my area of the state, and at the same time express my appreciation to MCG for giving me the opportunity to become a physician. You may be interested in knowing how I was able to financially participate in this endeavor and secure a dependable income at the same time, plus certain upfront income tax credits, which were great.

Many years ago, I realized that when a medical student came from a rural setting, he was likely to return to practice in that environment. I felt if I could create a scholarship fund to encourage young men and women from southwest Georgia to attend MCG, we could improve our ability to attract future doctors back to the rural areas of the state.

You may find that you would like to support a project with similar importance, but you, like me, may need the security associated with the assets you are considering giving to the School of Medicine. The Charitable Remainder Trust is the answer to your need.

The Charitable Remainder Trust allows you to transfer assets and maintain a life income for you and your spouse for the rest of your lives. I was able to transfer some appreciated stock and some rental property to the Davis Charitable Remainder Trust. I didn't have to pay any capital gains tax related to the transfer. I got a significant income tax deduction as mentioned previously. Marion and I will receive a quarterly income check for the rest of our lives.

As president of the Medical College of Georgia Foundation, I feel strongly about moving the medical school forward. Many important projects have been started at MCG that need funding. Some of these receive support from the alumni. It is encouraging to see the support increase every year. For MCG to continue to be a leader in medical education, you and I must continue to give financial support. I hope you will examine your contributions to MCG and use one of the giving vehicles as I did to make a difference. ■

—H. GORDON DAVIS, M.D.

Medical College of Georgia Foundation, Inc.

Board of Directors

Officers

President
H. Gordon Davis, M.D.
Sylvester, Ga.

First Vice President
William C. Collins, M.D.
Atlanta, Ga.

Second Vice President
Virgle McEver Jr., M.D.
Warner Robins, Ga.

Secretary-Treasurer
Harold S. Engler, M.D.
Augusta, Ga.

Executive Director
James B. Osborne, Ed.D.
Augusta, Ga.

Assistant Secretary-Treasurer
Larry Tyler
Augusta, Ga.

The *Medical College of Georgia Today* magazine now accepts advertising. For information, contact our exclusive marketing agent:
Graphic Advertising
P.O. Box 397
Augusta, Georgia 30901
(404) 860–5455

Elected Members

Russell A. Acree Sr., M.D.
Adel, Ga.

Walter E. Brown, M.D.
Spring Hill, Tenn.

William C. Collins, M.D.
Atlanta, Ga.

H. Gordon Davis, M.D.
Sylvester, Ga.

Harold S. Engler, M.D.
Augusta, Ga.

John C. Hagler III
LaGrange, Ga.

James H. Hamilton, *Director*
Community Bank Marketing and Product Development
The Citizens and Southern Corp.
LaGrange, Ga.

J. Daniel Hanks Jr., M.D.
Rome, Ga.

J. Harold Harrison, M.D.
Atlanta, Ga.

Samuel B. Kellett, *President*
Convalescent Services, Inc.
Atlanta, Ga.

Wyck Knox, M.D.
Martinez, Ga.

Robert A. Matthew, M.D.
Albany, Ga.

Virgle W. McEver Jr., M.D.
Warner Robins, Ga.

Lamar Scott McGinnis, M.D.
Atlanta, Ga.

William B. Mullins, M.D.
Augusta, Ga.

Whitney C. O'Keeffe, *President*
Trust Company Bank of Augusta
Augusta, Ga.

Jerry G. Purvis, M.D.
Valdosta, Ga.

Don R. Roberts Jr., M.D.
St. Simons Island, Ga.

Asbury Clark Robinson, M.D.
Douglasville, Ga.

Cecil F. Whitaker Jr., M.D.
Columbus, Ga.

Ex Officio Members

(and their MCG titles)

Francis J. Tedesco, M.D.
President

Barry D. Goldstein, Ph.D.
Interim Vice President for Academic Affairs

H. Alan Campbell, B.S.
Vice President of Business and Finance

James B. Osborne, Ed.D.
Vice President for University Advancement

Biagio J. Vericella, Ed.D.
Dean, School of Allied Health Sciences

David R. Myers, D.D.S.
Dean, School of Dentistry

Lowell M. Greenbaum, Ph.D.
Dean, School of Graduate Studies and *Vice President for Research*

Gregory L. Eastwood, M.D.
Dean, School of Medicine

Vickie A. Lambert, D.N.Sc.
Dean, School of Nursing

E. Grace Yrizarry
President, School of Allied Health Sciences Alumni Association

Joseph F. Griffin, D.M.D.
President, School of Dentistry Alumni Association

Jan Scholer, Ph.D.
President, School of Graduate Studies Alumni Association

Samuel M. Goodrich, M.D.
President, School of Medicine Alumni Association

Jeanette Brown
President, School of Nursing Alumni Association

R. Edward Howell, M.S.H.A.
Executive Director, MCG Hospital and Clinics

Medical College of Georgia
Division of Institutional Relations
Augusta, Georgia 30912

Second Class
Postage Paid at
Augusta, Georgia